


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90161 044 \*\*\*\*61.25

<b>DOCUMENT # N48915</b>	
1. Entity Name <b>MCLAMORE FAMILY FOUNDATION, INC.</b>	

Principal Place of Business <b>10250 LAKESIDE DR CORAL GABLES, FL 33156</b>	Mailing Address <b>10250 LAKESIDE DR CORAL GABLES, FL 33156</b>
--	--

**50024557**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1896729</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>KELLY, PETER J 100 S. ASHELY DRIVE SUITE 1300 TAMPA, FL 33601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCLAMORE, NANCY N. <input type="checkbox"/> Delete 10250 LAKESIDE DR CORAL GABLES, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPENCE, PAMELA M <input type="checkbox"/> Delete 9609 PATRIDGE LANE CRYSTAL LAKE, IL 60014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Spence, Pamela M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9609 Patridge Lane Crystal Lake, IL 60014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAMORE, STERLING W SR <input type="checkbox"/> Delete 5133 SAN JOSE ST TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADDUX, LYNNE M <input type="checkbox"/> Delete 311 WHITSON CHAPEL ROAD COOKEVILLE, TN 38506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MC CORMACK, SUSAN M <input type="checkbox"/> Delete 119 STONE HOLLOW FREDERICKSBURG, TX 78624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy N. McLamore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05  
Date

Daytime Phone #