



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48915 1. Entity Name MCLAMORE FAMILY FOUNDATION, INC.						FILED 06 Jan 27 AM 10:20 SECRETARY OF STATE TALLAHASSEE, FL 32399	
Principal Place of Business 10250 LAKESIDE DR CORAL GABLES, FL 33156				Mailing Address 10250 LAKESIDE DR CORAL GABLES, FL 33156			
2. Principal Place of Business 146 Motthaven Drive		3. Mailing Address 146 Motthaven Drive					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Crossville, TN		City & State Crossville, TN		4. FEI Number 59-1896729		Applied For <input type="checkbox"/> Not Applicable	
Zip 38558		Country USA		Zip 38558		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172006 Chg-NP CR2E037 (11/05)			
6. Name and Address of Current Registered Agent KELLY, PETER J 100 S. ASHELY DRIVE SUITE 1300 TAMPA, FL 33601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		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	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCLAMORE, NANCY N. 146 Motthaven Drive Crossville, TN 38558		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Delete SPENCE, PAMELA M 9609 PARTRIDGE LANE CRYSTAL LAKE, IL 60014			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000065577710 02/10/06--01042--018 **61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete MCLAMORE, STERLING W SR 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 <input type="checkbox"/> Delete MADDUX, LYNNE M 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 <input type="checkbox"/> Delete MC CORMACK, SUSAN M 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 B 2/1/06		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Nancy N. Mclamore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-20-06 <small>Date</small>		931-707-0138 <small>Daytime Phone #</small>	