

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48915

FILED
Feb 28, 2007
Secretary of State

Entity Name: MCLAMORE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

146 MOTTHAVEN DRIVE
CROSSVILLE, TN 38558 US

New Principal Place of Business:

Current Mailing Address:

146 MOTTHAVEN DRIVE
CROSSVILLE, TN 38558 US

New Mailing Address:

FEI Number: 59-1896729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, PETER J
100 S. ASHELY DRIVE
SUITE 1300
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCLAMORE, NANCY N.,
Address: 146 MOTTHAVEN DRIVE
City-St-Zip: CROSSVILLE, TN 38558 US

Title: VPD () Delete
Name: SPENCE, PAMELA M
Address: 9609 PARTRIDGE LANE
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: PD () Delete
Name: MCLAMORE, STERLING W SR
Address: 5133 SAN JOSE ST
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: MADDUX, LYNNE M
Address: 311 WHITSON CHAPEL ROAD
City-St-Zip: COOKEVILLE, TN 38506

Title: TD () Delete
Name: MC CORMACK, SUSAN M
Address: 119 STONE HOLLOW
City-St-Zip: FREDERICKSBURG, TX 78624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MCLAMORE

D

02/28/2007

Electronic Signature of Signing Officer or Director

Date