

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004650

FILED
Jan 04, 2007
Secretary of State

Entity Name: MICHAEL J. CARMICHAEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

1511 SW 1ST AVENUE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3205746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, SCOTT L.
4653 SW 105TH DRIVE
GAINESVILLE, FL 32608 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: PD () Delete
Name: CARMICHAEL, MICHAEL J MD
Address: 1815 SW 55TH STREET ROAD
City-St-Zip: OCALA, FL 34474

Title: STD () Delete
Name: WHITAKER, SCOTT L
Address: 4653 SW 105TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: CARMICHAEL, BECKI E
Address: 1815 SW 55TH STREET ROAD
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: CARMICHAEL, ANDREW J
Address: 1815 SW 55TH ST RD
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: CARMICHAEL, STACI E
Address: 1815 SW 55TH ST RD
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: CARMICHAEL, MICHAEL B
Address: 1815 SW 55TH ST RD
City-St-Zip: OCALA, FL 34474

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:

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: MICHAEL CARMICHAEL

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date