

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90255 044 ****61.25

DOCUMENT # N94000005747

1. Entity Name
THE MCCURRY FOUNDATION, INC.



Principal Place of Business
**11645 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32246 US**

Mailing Address
**11645 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32246 US**

60033707



03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3287752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEFANSEN, PAMELA S
11645 BEACH BLVD.
SUITE 200
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
STEFANSEN, PAMELA S
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSS, FRANCES M
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MICKLER, ROBERT D
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDAS
LANEY, KELLY E
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POPE, RICHARD J
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCURRY, III, EDGAR W
11645 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela S. StefanSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAMELA S STEFANSEN

4-25-06 (904) 645-6555
Date Daytime Phone #