


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

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
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04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEFANSEN, PAMELA S 11645 BEACH BLVD. SUITE 200 JACKSONVILLE, FL 32246
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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 a registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent. (If: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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05/14/07-80008-020 61.25

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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, PRESIDENT

4/25/07 (904) 645-5555

Date Daytime Phone #