


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N95000001500	
1. Entity Name THE QUINTON B. AND BEVERLY H. MCNEW FOUNDATION, INC.	

Principal Place of Business 5571 HALIFAX AVE FT. MYERS, FL 33912	Mailing Address 5571 HALIFAX AVE FT. MYERS, FL 33912
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01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0568022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCNEW PETERS, ELIZABETH 5571 HALIFAX AVE FORT MYERS, FL 33912
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**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000810136
02/08/08 00053-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEW, QUINTON B 5571 HALIFAX AVE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEW, BEVERLY H 5571 HALIFAX AVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGE, RONALD E 5571 HALIFAX AVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWOR, DORIS 16621 BOBCAT COURT S.W. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENFIELD, PAULA 3350 N. KEY DRIVE UNIT A-804 NORTH FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAND, JOHN A 1715 MONROE STREET FT. MYERS, FL 33901

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Daytime Phone #