2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N95000001500

Entity Name: THE QUINTON B. AND BEVERLY H. MCNEW FOUNDATION, INC.

Current Principal Place of Business:

5571 HALIFAX AVE
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5571 HALIFAX AVE
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0568022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEW PETERS, ELIZABETH
5571 HALIFAX AVE
FORT MYERS, FL 33912 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: D ( ) Delete
Name: MCNEW, QUINTON B
Address: 5571 HALIFAX AVE
City-St-Zip: FT. MYERS, FL 33912

Title: D ( ) Delete
Name: MCNEW, BEVERLY H
Address: 5571 HALIFAX AVE
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: INGE, RONALD E
Address: 5571 HALIFAX AVE
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: SWOR, DORIS
Address: 16621 BOBCAT COURT S.W.
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: EDENFIELD, PAULA
Address: 3350 N. KEY DRIVE UNIT A-804
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: D ( ) Delete
Name: NOLAND, JOHN A
Address: 1715 MONROE STREET
City-St-Zip: FT. MYERS, FL 33901

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 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: ELIZABETH MCNEW PETERS ED 03/02/2009

Electronic Signature of Signing Officer or Director — Date