


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003708</b>					
1. Entity Name <b>MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <b>8100 N.W. 27TH BLVD. LAKE HOUSE D - AOT D-322 GAINESVILLE FL 32606 US</b>			Mailing Address <b>P O BOX 6228 LAKE WORTH FL 33466 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0785518</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FORBES, PHILIP H 11382 PROSPERITY FARMS RD SUITE 227 PALM BEACH GARDENS FL 33410</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDOWELL, REGINA A		NAME		
STREET ADDRESS	8100 NW 27TH BLVD #D-322		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE FL 32606		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANCE, SUSAN		NAME		
STREET ADDRESS	429 GREYSTONE TERRACE		STREET ADDRESS		
CITY- ST- ZIP	ATHENS GA 30606		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANCEY, SUSAN		NAME		
STREET ADDRESS	408 CHEYENNE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH FL 33462		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORBES, PHILIP H		NAME		
STREET ADDRESS	11382 PROSPERITY FARMS RD STE 227		STREET ADDRESS		
CITY- ST- ZIP	NORTH PALM BEACH FL 33410		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCISCO, CURT		NAME		
STREET ADDRESS	2141 S ALT A1A STE 400		STREET ADDRESS		
CITY- ST- ZIP	JUPITER FL 33477		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, NANCY		NAME		
STREET ADDRESS	5116 SW 94TH STREET		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE FL 32608-4177		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.					
<b>SIGNATURE:</b> <i>Susan D. Chancey</i> <b>Susan D. Chancey, Secretary/Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/14/05</b> <small>Date Daytime Phone #</small>		