

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003708

FILED
Mar 04, 2009
Secretary of State

Entity Name: MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

8100 N.W. 27TH BLVD.
LAKE HOUSE D - AOT D-322
GAINESVILLE, FL 32606 US

New Principal Place of Business:

7950 N.W. 27TH BLVD.
APT. R-7
GAINESVILLE, FL 32606 US

Current Mailing Address:

P O BOX 6228
LAKE WORTH, FL 33466 US

New Mailing Address:

FEI Number: 65-0785518 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORBES, PHILIP H
11382 PROSPERITY FARMS RD
SUITE 227
PALM BEACH GARDENS, FL 33410 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: MCCONAHY, LINDA
Address: 1115 HIBISCUSS AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: VANCE, SUSAN
Address: 429 GREYSTONE TERRACE
City-St-Zip: ATHENS, GA 30606

Title: D () Delete
Name: CHANCEY, SUSAN
Address: 408 CHEYENNE DRIVE
City-St-Zip: LAKE WORTH, FL 33462

Title: D () Delete
Name: FORBES, PHILIP H
Address: 11382 PROSPERITY FARMS RD STE 227
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: D () Delete
Name: FRANCISCO, CURT
Address: 2141 S ALT A1A STE 400
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: GRIFFIN, NANCY
Address: 5116 SW 94TH STREET
City-St-Zip: GAINESVILLE, FL 326084177

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: SUSAN D. CHANCEY

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date