
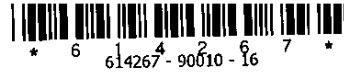


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000647					
1. Corporation Name THE MCCLLOUD FAMILY FOUNDATION, INC.					
Principal Place of Business 4000 4TH AVE SOUTH ST PETERSBURG FL 33711			Mailing Address PO BOX 467 BAY PINES FL 33744		



* 6 614267 - 90010 - 16 7 *



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/02/1998	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75-Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MCCLLOUD, HUBERT 4000 4TH AVE SOUTH ST PETERSBURG FL 33711				10. Name and Address of New Registered Agent			
61 Name				62 Street Address (P.O. Box Number is Not Acceptable)			
63				64 City			
65 Zip Code				FL			

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE V/D <input type="checkbox"/> DELETE				1.1 TITLE SEC. SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME MCCLLOUD, HUBERT				1.2 NAME TESA D JORDAN			
STREET ADDRESS 4000 4TH AVE SOUTH				1.3 STREET ADDRESS 11400 4TH ST N			
CITY-ST-ZIP ST PETERSBURG FL 33711				1.4 CITY-ST-ZIP ST. PETERSBURG FL 33705			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE D DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				2.2 NAME LESLIE A HENDERSON			
STREET ADDRESS				2.3 STREET ADDRESS 6866 17TH ST SO			
CITY-ST-ZIP				2.4 CITY-ST-ZIP ST. PETERSBURG FL 33705			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

7-29-99
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)