

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004291

FILED
Aug 01, 2008
Secretary of State

Entity Name: THE MCLIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1000 WEST MAIN STREET
LEESBURG, FL 34749

New Principal Place of Business:

1950 LAUREL MANOR DRIVE
130
THE VILLAGES, FL 32162

Current Mailing Address:

1000 WEST MAIN STREET
LEESBURG, FL 34749

New Mailing Address:

1950 LAUREL MANOR DRIVE
130
THE VILLAGES, FL 32162

FEI Number: 59-3530746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLYLE, CHRISTOPHER V
1000 WEST MAIN STREET
LEESBURG, FL 34749 US

Name and Address of New Registered Agent:

CARLYLE, CHRISTOPHER V
1950 LAUREL MANOR DRIVE
130
THE VILLAGES, FL 32162 US

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: CHRISTOPHER V. CARLYLE

08/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MCLIN, WALTER S III
Address: 1000 WEST MAIN STREET
City-St-Zip: LEESBURG, FL 34749

Title: DP () Delete
Name: MCLIN, GWEN F
Address: 1000 WEST MAIN STREET
City-St-Zip: LEESBURG, FL 34749

Title: DV (X) Delete
Name: MCLIN CARLYLE, SHANNON
Address: 1215 SOUTH 9TH STREET
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: CARLYLE, SHANNON M
Address: 1950 LAUREL MANOR DRIVE, STE 130
City-St-Zip: THE VILLAGES, FL 32162

Title: DP (X) Change () Addition
Name: MCLIN, GWEN F
Address: 1950 LAUREL MANOR DRIVE STE 130
City-St-Zip: THE VILLAGES, FL 32162

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: SHANNON MCLIN CARLYLE

D

08/01/2008

Electronic Signature of Signing Officer or Director

Date