

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009040

Entity Name: WILLIAM ROLLINGS MCMAHON ORGAN DONATION
EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**3349 MARCUS POINTE BLVD
PENSACOLA, FL 32505**Current Mailing Address:**3349 MARCUS POINTE BLVD
PENSACOLA, FL 32505 US**FEI Number: 20-5477200****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCMAHON, KIM M
3349 MARCUS POINTE BLVD
PENSACOLA, FL 32505 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MCMAHON, KIM M
Address 3349 MARCUS POINTE BLVD
City-State-Zip: PENSACOLA FL 32505

Title D
Name VANDERGRIFF, STEVEN
Address 3349 MARCUS POINTE BLVD
City-State-Zip: PENSACOLA FL 32505

Title D
Name CRAWFORD, J. PATRICK
Address 11000 UNIVERSITY PKWY
City-State-Zip: PENSACOLA FL 32503

Title D
Name SNOW, KAREN G MD
Address 1921 E NINE MILE RD.
City-State-Zip: PENSACOLA FL 32514

Title D
Name WILLIAMS, RONALD J
Address 3120 ROTHSCHILD DRIVE
City-State-Zip: PENSACOLA FL 32503

Title D
Name STEWART, REVONDA
Address 4281 BRIGHTON ROAD
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR
Name CRAWFORD, MEGAN
Address 3491 RIVERVIEW DRIVE
City-State-Zip: PACE FL 32571

I hereby 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 all other like empowered.

SIGNATURE: KIM MCMAHON**EXECUTIVE DIRECTOR****01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date