

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36659

**Entity Name:** THE WILL MCLEAN FOUNDATION, INC.

**Current Principal Place of Business:**

12088 PALMETTO CT  
DUNNELLON, FL 34432

**Current Mailing Address:**

P. O. BOX 3435  
DUNNELLON, FL 34430 US

**FEI Number: 59-2997497**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LONGHILL, MARGARET  
12088 PALMETTO CT  
DUNNELLON, FL 34432 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 DP  
Name LONGHILL, MARGARET  
Address PO BOX 3435 N/A  
City-State-Zip: DUNNELLON FL 34430

Title TREASURER  
Name CONNORS, NIKKI  
Address 20232 PALMETTO LANE  
City-State-Zip: DUNNELLON FL 34432

Title CORRESPONDING SECRETARY  
Name ELLIS, INGRID  
Address 11938 HALE ST  
City-State-Zip: DUNNELLON FL 34431

Title PRESIDENT  
Name TODD, BARBARA SHEEN  
Address 1934 ARROWHEAD DR  
City-State-Zip: ST. PETERSBURG FL 33708

*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: INGRID ELLIS**

**CORRESPONDING  
SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date