

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002973

Entity Name: CATHLEEN MCFARLANE FOUNDATION, INC.**Current Principal Place of Business:**700 SOUTH DIXIE HIGHWAY
SUITE 110
WEST PALM BEACH, FL 33401**Current Mailing Address:**700 SOUTH DIXIE HIGHWAY
SUITE 110
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0856300**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'CONNELL, BRIAN M
420 ROYAL PALM WAY, SUITE 300
PALM BEACH, FL 33480 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, S, T
Name	PETERSON, CHRISTY
Address	700 SOUTH DIXIE HIGHWAY SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	SMITH, JEFFREY
Address	700 SOUTH DIXIE HIGHWAY SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	FULTON, JOHN
Address	700 SOUTH DIXIE HIGHWAY SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	HEALEY, BRIDGET C
Address	4122 LAKESPUR CIRCLE SOUTH
City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	D, P
Name	COLEMAN, DENIS P
Address	700 SOUTH DIXIE HIGHWAY SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33401

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: DENIS COLEMAN

PRESIDENT

03/23/2021

Electronic Signature of Signing Officer/Director Detail_____
Date