

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000075

**Entity Name:** MARY LYNNE BURNETT MEMORIAL FOUNDATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC3578875179**

**Current Principal Place of Business:**

770 HARBOR BLVD  
71  
DESTIN, FL 32541

**Current Mailing Address:**

P.O. BOX 5644  
DESTIN, FL 32540

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BURNETT, DOUGLAS  
770 HARBOR BLVD  
71  
DESTIN, FL 32541 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 C/P  
Name BURNETT, DOUGLAS  
Address 770 HARBOR BLVD  
71  
City-State-Zip: DESTIN FL 32541

Title S/T  
Name HEPNER, GARY  
Address 4320 STATTON RD.  
City-State-Zip: LOUISVILLE KY 40220

Title D  
Name BURNETT, MARY BRITTANY  
Address 10000 FAIRMOUNT ROAD  
City-State-Zip: LOUISVILLE KY 40291

Title DIRECTOR  
Name SHOEMAKER, ASHLEY  
Address 10000 FAIRMOUNT ROAD  
City-State-Zip: LOUISVILLE KY 40291

*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: DOUGLAS BURNETT**

**C/P**

**03/08/2016**

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

\_\_\_\_\_  
Date