

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2004  
Secretary of State**

DOCUMENT# 710419

Entity Name: MACDONALD TRAINING CENTER, INC.

**Current Principal Place of Business:**

5420 W. CYPRESS ST  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

5420 W. CYPRESS ST  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-0777827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TROCKE, MICHAEL T  
101 E.KENNEDY BLVD  
SUITE 2500  
TAMPA, FL 33602 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREYVOGEL, JAMES M  
Address: 5420 W. CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: FLYNN, PAUL,  
Address: PO BOX 740  
City-St-Zip: TAMPA, FL 33601

Title: TVC ( ) Delete  
Name: DIAZ, RICHARD  
Address: 5444 BAY CENTER DRIVE, SUITE 122  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: KELLY, PETER  
Address: 100 S. ASHLEY DR., STE 1300  
City-St-Zip: TAMPA, FL 33602

Title: C ( ) Delete  
Name: SPEARS, PATRICIA  
Address: 2413 BAYSHORE BLVD, #1504  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FREYVOGEL, JAMES M  
Address: 5420 W. CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

Title: S (X) Change ( ) Addition  
Name: LUBRANO, ANGELA  
Address: 3401 HENDERSON BLVD STE E  
City-St-Zip: TAMPA, FL 33609

Title: VC (X) Change ( ) Addition  
Name: DIAZ, RICHARD  
Address: 5444 BAY CENTER DRIVE, SUITE 122  
City-St-Zip: TAMPA, FL 33607

Title: T (X) Change ( ) Addition  
Name: DEBOSIER, KIMBERLEE  
Address: 1105 E TWIGGS STREET  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. FREYVOGEL

P

02/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date