

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710419

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MACDONALD TRAINING CENTER, INC.

**Current Principal Place of Business:**

5420 W. CYPRESS ST  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

5420 W. CYPRESS ST  
TAMPA, FL 33607 US

**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:**

KELLY, PETER J  
100 SOUTH ASHLEY DRIVE  
SUITE 1300  
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: P ( ) Delete  
Name: FREYVOGEL, JAMES M  
Address: 5420 W. CYPRESS ST  
City-St-Zip: TAMPA, FL 33607 US

Title: S ( ) Delete  
Name: GUTMAN, JACK  
Address: 305 SOUTH BREVARD AVE, STE 100  
City-St-Zip: TAMPA, FL 33606 US

Title: C ( ) Delete  
Name: WOOD, THOMAS M  
Address: 101 E KENNEDY BLVD # 2800  
City-St-Zip: TAMPA, FL 33602 US

Title: T ( ) Delete  
Name: QUAM, DARRIN  
Address: 401 E. JACKSON STREET STE 2200  
City-St-Zip: TAMPA, FL 33602 US

Title: VC ( ) Delete  
Name: DAVIN, FRAN  
Address: 11307 N EDISON AVENUE  
City-St-Zip: TAMPA, FL 33614

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

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

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

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

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

Title: VC (X) Change ( ) Addition  
Name: DAVIN, FRAN  
Address: 8608 SNOWY OWL WAY  
City-St-Zip: TAMPA, FL 336473411 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/15/2009

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

\_\_\_\_\_  
Date