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 Mar 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006748 (4)  
 1. Corporation Name  
 MACKINNON FOUNDATION, INC.



Principal Place of Business: 334 BLANCA AVE TAMPA FL 33606  
 Mailing Address: 334 BLANCA AVE TAMPA FL 33606

3. Date incorporated or Qualified: 12/01/1997

4. FEI Number: 59-3493016  
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
 MACKINNON, ALEX D  
 334 BLANCA AVE  
 TAMPA FL 33606

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD MACKINNON, ALEX D III	1.1 TITLE	
NAME	334 BLANCA AVE	1.2 NAME	
STREET ADDRESS	TAMPA FL 33606	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MACKINNON, ARDIS L	2.1 TITLE	
NAME	334 BLANCA AVE	2.2 NAME	
STREET ADDRESS	TAMPA FL 33606	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MACKINNON, ALEXANDER D	3.1 TITLE	
NAME	334 BLANCA AVE	3.2 NAME	
STREET ADDRESS	TAMPA FL 33606	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DAVIS, DARCY L	4.1 TITLE	
NAME	23 PARK TERRACE DR	4.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32084	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HILL, KATHERINE E	5.1 TITLE	
NAME	6301 S WESTSHORE APT 1416	5.2 NAME	
STREET ADDRESS	TAMPA FL 33616	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED Alex D. McKinnon 3/18/98 813/254-3360

CR2E037 (10/97)