

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006748

FILED
Jan 08, 2008
Secretary of State

Entity Name: MACKINNON FOUNDATION, INC.

Current Principal Place of Business:

334 BLANCA AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

334 BLANCA AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3493016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKINNON, III, ALEXANDER D
334 BLANCA AVE
TAMPA, FL 33606 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: PSTD () Delete
Name: MACKINNON, III, ALEXANDER D
Address: 334 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MACKINNO, IV, ALEXANDER D
Address: 4101 WEST MORRISON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: DAVIS, DARCY L
Address: 23 PARK TERRACE DR
City-St-Zip: ST AUGUSTINE, FL 32083

Title: D () Delete
Name: HILL, KATHERINE E
Address: 6522 LONGWOOD TRACE LANE SOUTH
City-St-Zip: LAKE LAND, FL 33811

Title: D () Delete
Name: BERGER-MACKINNON, DOROTHY C
Address: 334 BLANCA AVENUE
City-St-Zip: TAMPA, FL 33606

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

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: ALEXANDER D. MACKINNON, III

OWNE

01/08/2008

Electronic Signature of Signing Officer or Director

Date