

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006748

FILED  
Jun 14, 2011  
Secretary of State

**Entity Name:** MACKINNON FAMILY 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  
Name: MACKINNON,III, ALEXANDER D  
Address: 334 BLANCA AVE  
City-St-Zip: TAMPA, FL 33606

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

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

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

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

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: ALEX MACKINNON, III

PSTD

06/14/2011

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

\_\_\_\_\_  
Date