

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710419

Entity Name: MACDONALD TRAINING CENTER, INC.**Current Principal Place of Business:**5420 W. CYPRESS ST
TAMPA, FL 33607**Current Mailing Address:**5420 W. CYPRESS ST
TAMPA, FL 33607 US**FEI Number:** 59-0777827**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KELLY, PETER J
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	LEVY, KARENNE P
Address	5420 W. CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	CHAIRMAN
Name	QUAM, DARRIN
Address	401 E JACKSON ST # 2200
City-State-Zip:	TAMPA FL 33602

Title	TREASURER
Name	ERIC, KREIGER
Address	3727 WEST CASS STREET
City-State-Zip:	TAMPA FL 33609

Title	VC
Name	STACY, FENDER
Address	16401 AVILA BLVD
City-State-Zip:	TAMPA FL 33613-1034

Title	SECRETARY
Name	BAEZ, CATHY
Address	4109 W. GANDY BLVD.
City-State-Zip:	TAMPA FL 33611-3401

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: KARENNE LEVY**PRESIDENT/CEO****04/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date