

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006748

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC7277140919**

**Entity Name:** MACKINNON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

334 BLANCA AVE  
TAMPA, FL 33606

**Current Mailing Address:**

334 BLANCA AVE  
TAMPA, FL 33606

**FEI Number:** 59-3493016

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MACKINNON,III, ALEXANDER D  
334 BLANCA AVE  
TAMPA, FL 33606 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 PSTD  
Name MACKINNON,III, ALEXANDER D  
Address 334 BLANCA AVE  
City-State-Zip: TAMPA FL 33606

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

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

Title D  
Name HILL, KATHERINE E  
Address 6522 LONGWOOD TRACE LANE  
SOUTH  
City-State-Zip: LAKELAND FL 33811

Title D  
Name MACKINNON, SANDRA CROSS  
Address 334 BLANCA AVE  
City-State-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:** MACKINNON,III , ALEXANDER D

**PSTD**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date