

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **702306** (2)

1. Corporation Name

DR. JOHN T. MACDONALD FOUNDATION, INC.



Principal Place of Business

Mailing Address

**6851 YUMURI STREET
SUITE 16
CORAL GABLES FL 33146
US**

**6851 YUMURI ST
SUITE 16
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
04/20/1961

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0818918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREIER, ROBERT G., ESQUIRE
1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **M** ☐ DELETE
NAME **YARBROUGH, LOUISE P**
STREET ADDRESS **6851 YUMURI ST., STE. 16**
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DC** ☐ DELETE
NAME **MEKRAS, GEORGE D MD**
STREET ADDRESS **7051 SW 62ND AVE**
CITY-ST-ZIP **SOUTH MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE
NAME **SMITH, RICHARD L., M.D.**
STREET ADDRESS **5000 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUNTER, CAROLINE B MD**
STREET ADDRESS **7450 RED ROAD, STE. B**
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **HUNTER, CAROLINE B., M.D.**
4.3 STREET ADDRESS **1550 MADRUGA, STE. 100 KENDAL BLDG.**
4.4 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D** ☐ DELETE
NAME **BREIER, ROBERT G., ESO**
STREET ADDRESS **1320 S DIXIE HWY., STE. 830**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE **DV** ☒ Change ☐ Addition
5.2 NAME **BREIER, ROBERT G., ESO.**
5.3 STREET ADDRESS **1320 S. DIXIE HWY., STE. 830**
5.4 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUISE P. YARBROUGH, EXECUTIVE DIRECTOR

1/15/96 (305)667-6017

Date:

Daytime Phone #

CR2E037 (12/95)