FILE NOW: FILING FEE IS $61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33146-0618~~ US

3. Date Incorporated or Qualified: 04/20/1961
3a. Date of Last Report: 01/30/1996

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

2. Principal Place of Business	2a. Mailing Address
21 1550 MADRUGA AVENUE	26 1550 MADRUGA AVENUE
Suite, Apt. #, etc. 22 SUITE 215	Suite, Apt. #, etc. 27 SUITE 215
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33146 Country 25 US	Zip 29 33146 Country 30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	YARBROUGH, LOUISE P		1.2 NAME	
STREET ADDRESS	6851 YUMURI ST., STE. 16		1.3 STREET ADDRESS	1550 MADRUGA AVENUE, SUITE 215
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEKRAS, GEORGE D MD		2.2 NAME	
STREET ADDRESS	7051 SW 62ND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, CAROLINE B MD		3.2 NAME	
STREET ADDRESS	1550 MADRUGA, SUITE 100 KENDAR BUILDING		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BREIER, ROBERT G., ESQ		4.2 NAME	
STREET ADDRESS	1320 S DIXIE HWY, SUITE 830		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ LOUISE P. YARBROUGH 1/15/97 (305)667-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030487