

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90091 040 ****61.25

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DOCUMENT # 702306

1. Corporation Name

DR. JOHN T. MACDONALD FOUNDATION, INC.

Principal Place of Business

1550 MADRUGA AVE
SUITE 215
CORAL GABLES FL 33146
US

Mailing Address

1550 MADRUGA AVE
SUITE 215
CORAL GABLES FL 33146
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/20/1961

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

9. Name and Address of Current Registered Agent

BREIER, ROBERT G., ESQUIRE
2800 PINCE DE LEON BLVD
STE 1125
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☐ DELETE

NAME YARBROUGH, LOUISE P
STREET ADDRESS 1550 MADRUGA AVE SUITE 215
CITY-ST-ZIP CORAL GABLES FL

TITLE DV ☐ DELETE

NAME HUNTER, CAROLINE B MD
STREET ADDRESS 1550 MADRUGA, SUITE 100 KENDAR BUILDING
CITY-ST-ZIP CORAL GABLES FL

TITLE DC ☐ DELETE

NAME BREIER, ROBERT G., ESQ
STREET ADDRESS 2800 PONCE DE LEON BLVD STE 1125
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DS ☐ DELETE

NAME BATTEN, JEAN
STREET ADDRESS 1530 QUEENS RD APT 804
CITY-ST-ZIP CHARLOTTE NC 28207

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1150 CAMPO SANO AVENUE, #400
CORAL GABLES FL 33146

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1213 WAREHAM COURT
CHARLOTTE, NC 28207

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 (305) 667-6017

CR2E037 (11/98)