

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90049 039 ****61.25

DOCUMENT # 702306

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0818918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME GREENE, KIM
STREET ADDRESS 1550 MADRUGA AVE SUITE 215
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VCD
STREET ADDRESS PABALAN, STEVEN
CITY-ST-ZIP 7000 S.W. 62 AVE. #300
MIAMI FL 33143

TITLE ☒ Change ☐ Addition
NAME CD
STREET ADDRESS Pabalán, Steven
CITY-ST-ZIP 7000 SW 62 Ave #300
Miami FL 33143

TITLE ☒ Delete
NAME CD
STREET ADDRESS WOLFBEER, DAVID
CITY-ST-ZIP 1500 SAN REMO AVE. #300
CORAL GABLES FL 33146

TITLE ☐ Change ☒ Addition
NAME VCD
STREET ADDRESS Robert Breier
CITY-ST-ZIP 2800 Ponce de Leon Blvd #1125
Coral Gables, FL 33134

TITLE ☐ Delete
NAME D
STREET ADDRESS STARNER, MARGARET C
CITY-ST-ZIP 6755 SW 89TH TERR
MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

3/30/05

Date

(305)

667-6017

Daytime Phone #