

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90148 019 \*\*\*\*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

4. FEI Number

59-0818918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

B. 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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, KIM	
STREET ADDRESS	1550 MADRUGA AVE SUITE 215	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PADALAN, STEVEN Smiley, Karl	
STREET ADDRESS	7800 S.W. 62 AVE. #300 9979 Fairchild Way	
CITY-ST-ZIP	MIAMI FL 33143 Coral Gables, FL 33156	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BREIER, ROBERT Dean Roller	
STREET ADDRESS	2800 PONCE DE LEON BLVD. #1125 4685 Ponce de Leon	
CITY-ST-ZIP	CORAL GABLES FL 33134 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARNER, MARGARET C	
STREET ADDRESS	6755 SW 89TH TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smiley Karl	
STREET ADDRESS	9979 Fairchild Way	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roller, Dean	
STREET ADDRESS	4685 Ponce de Leon	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Kim Greene*

Kim Greene

4-19-06

305 667-6017