

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702306

FILED
Apr 18, 2007
Secretary of State

Entity Name: DR. JOHN T. MACDONALD FOUNDATION, INC.

Current Principal Place of Business:

1550 MADRUGA AVE
SUITE 215
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1550 MADRUGA AVE
SUITE 215
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-0818918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANN, CHARLIE
Address: 9979 FAIRCHILD WAY
City-St-Zip: MIAMI, FL 33156

Title: VC () Delete
Name: ROLLEE, DEAN
Address: 4685 PONCE DE LEON
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: STARNER, MARGARET C
Address: 6755 SW 89TH TERR
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SMILEY, KARL
Address: 9979 FAIRCHILD WAY
City-St-Zip: MIAMI, FL 33156

Title: VC (X) Change () Addition
Name: ROLLER, DEAN
Address: 4685 PONCE DE LEON
City-St-Zip: MIAMI, FL 33146

Title: S (X) Change () Addition
Name: STARNER, MARGARET C
Address: 6755 SW 89TH TERR
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM GREENE

ED

04/18/2007

Electronic Signature of Signing Officer or Director

Date