2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 702306

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 PONCE 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:	C	( ) Delete
Name:	STARNER, MARGARET C	
Address:	6755 SW 89TH TERR	
City-St-Zip:	MIAMI, FL 33156	
Title:	VC	( ) Delete
Name:	BREIER, ROBERT G	
Address:	2800 PONCE DE LEON BLVD #1125	
City-St-Zip:	MIAMI, FL 33134	
Title:	S	( ) Delete
Name:	PABALAN, STEVEN S	
Address:	6280 SUNSET DRIVE, #611	
City-St-Zip:	MIAMI, FL 33143	
Title:	ED	( ) Delete
Name:	GREENE, KIM	
Address:	1550 MADRUGA AVENUE, SUITE 215	
City-St-Zip:	CORAL GABLES, FL 33146	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 E D 01/14/2009

Electronic Signature of Signing Officer or Director — Date