

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 705153

1. Entity Name*
MCALLISTER FOUNDATION INC



Principal Place of Business

7550 HINSON ST.
6B
ORLANDO, FL 32819 US

Mailing Address

7550 HINSON ST.
6B
ORLANDO, FL 32819 US

FILED
Jan 11, 2005 08:00 AM
Secretary of State



01062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
23-7033812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELROD, JEAN
7550 HINSON ST.
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELROD, JEAN
STREET ADDRESS 7550 HINSON ST.
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VPD
NAME ELROD, R. H.
STREET ADDRESS 7550 HINSON ST.
CITY-ST-ZIP ORLANDO, FL 32812

TITLE TD
NAME JACKSON, DEBORAH
STREET ADDRESS 2720 MAPLE DR.
CITY-ST-ZIP RED LION, PA 17356

TITLE SD
NAME ELROD, THOMAS
STREET ADDRESS 200 HAZARD ST.
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000177282
01/11/05-80030-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN ELROD

1-6-05

407-352-0023

Date

Daytime Phone #