2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 705153

Entity Name: MCALLISTER FOUNDATION INC

Current Principal Place of Business:

7550 HINSON ST.
6B
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7550 HINSON ST.
6B
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 23-7033812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELROD, JEAN
7550 HINSON ST.
ORLANDO, FL 32819 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: PD ( ) Delete
Name: ELROD,JEAN,
Address: 7550 HINSON ST.
City-St-Zip: ORLANDO, FL 32812

Title: VPD ( ) Delete
Name: ELROD, R. H.,
Address: 7550 HINSON ST.
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete
Name: JACKSON, DEBORAH
Address: 2720 MAPLE DR.
City-St-Zip: RED LION, PA 17356

Title: SD ( ) Delete
Name: ELROD, THOMAS
Address: 1528 HOLTSGROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32789

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: SD (X) Change ( ) Addition
Name: ELROD, THOMAS
Address: 1528 HOLTS GROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32789

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: JEAN ELROD PD 01/04/2007

Electronic Signature of Signing Officer or Director Date