## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710419**

FILED Apr 08, 2005 Secretary of State

Entity Name: MACDONALD TRAINING CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 5420 W. CYPRESS ST TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 5420 W. CYPRESS ST TAMPA, FL 33607 FEI Number: 59-0777827 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TROCKE, MICHAEL T 101 E.KENNEDY BLVD **SUITE 2500** TAMPA, FL 33602 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FREYVOGEL, JAMES M Name: Name: 5420 W. CYPRESS ST Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LUBRANO, ANGELA Name: ROOP, ELIZABETH S Name: Address: 3401 HENDERSON BLVD STE E Address: 107 N. 11TH STREET STE 2 City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33602 Title: VC. () Delete Title: (X) Change ( ) Addition DIAZ, RICHARD DIAZ, RICHARD Name: Name: 5444 BAY CENTER DRIVE, SUITE 122 1200 W. PLATT STREET STE 204 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33606 Title: ( ) Delete Title: (X) Change ( ) Addition Name: DEBOSIER, KIMBERLEE Name: HENGEL, STEVE 1105 E TWIGGS STREET Address: Address: 5321 SOUTHWICK DRIVE City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: () Change () Addition SPEARS, PATRICIA Name: Name: 2413 BAYSHORE BLVD, #1504 Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. FREYVOGEL P 04/08/2005