

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710419

FILED
Apr 15, 2009
Secretary of State

Entity Name: MACDONALD TRAINING CENTER, INC.

Current Principal Place of Business:

5420 W. CYPRESS ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5420 W. CYPRESS ST
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-0777827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, PETER J
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA, FL 33602 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: P () Delete
Name: FREYVOGEL, JAMES M
Address: 5420 W. CYPRESS ST
City-St-Zip: TAMPA, FL 33607 US

Title: S () Delete
Name: GUTMAN, JACK
Address: 305 SOUTH BREVARD AVE, STE 100
City-St-Zip: TAMPA, FL 33606 US

Title: C () Delete
Name: WOOD, THOMAS M
Address: 101 E KENNEDY BLVD # 2800
City-St-Zip: TAMPA, FL 33602 US

Title: T () Delete
Name: QUAM, DARRIN
Address: 401 E. JACKSON STREET STE 2200
City-St-Zip: TAMPA, FL 33602 US

Title: VC () Delete
Name: DAVIN, FRAN
Address: 11307 N EDISON AVENUE
City-St-Zip: TAMPA, FL 33614

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:

Title: VC (X) Change () Addition
Name: DAVIN, FRAN
Address: 8608 SNOWY OWL WAY
City-St-Zip: TAMPA, FL 336473411 US

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: JAMES M. FREYVOGEL

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date