FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:10

DOCUMENT # 720485 (2)

1. Corporation Name

MCDONALD BENEVOLENT FOUNDATION INC.

Principal Place of Business	Mailing Address
~~141 ALMERIA AVE~~ ~~PO BOX 2153~~ ~~CORAL GABLES FL 33134~~	~~141 ALMERIA AVE~~ ~~PO BOX 2153~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1002482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 441 VALENCIA AVE #203	26 441 VALENCIA AVE #203
Suite, Apt. #, etc. 22 CORAL GABLES FL	Suite, Apt. #, etc. 27 CORAL GABLES
City & State 23 33134	City & State 28 FLA
Zip / Country 24 / 25 DADE	Zip / Country 29 33134 / 30 DADE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MELCHING, R DALE ~~141 ALMERIA AVENUE~~ 441 VALENCIA AVE # 203 CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MCDONALD, HAZEL M	12 NAME	PHILLIPS, JOHN S.
STREET ADDRESS	~~141 ALMERIA AVE~~ 600 BILTMORE WAY #720	13 STREET ADDRESS	8125 S.W. 99 AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	MIAMI FL
TITLE	SD	21 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GILLESPIE, ELOISE L.	22 NAME	BLOUNT, KAREN M.
STREET ADDRESS	~~141 ALMERIA AVE~~ 2965 S.W. 17ST	23 STREET ADDRESS	10440 S.W. 69 AVENUE
CITY-ST-ZIP	~~CORAL GABLES FL~~ MIAMI FL 33145	24 CITY-ST-ZIP	MIAMI FLA
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	MELCHING,R DALE	32 NAME	
STREET ADDRESS	~~141 ALMERIA AVE~~ 441 VALENCIA AVE #203	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eloise L Phillips ELOISE L. GILLESPIE 7-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Typed Name)

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