


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002075</b> 1. Entity Name <b>MARY JOE BATTLE MACDONALD SCHOLARSHIP FOUNDATION, INC.</b>	
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Principal Place of Business <b>C/O ANN KEUSCH 5255 COLLINS AVE., #3B MIAMI, FL 33140</b>	Mailing Address <b>C/O ANN KEUSCH 5255 COLLINS AVE., #3B MIAMI, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0992009</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**KEUSCH, ANN G  
5255 COLLINS AVENUE , #3B  
MIAMI, FL 33140**

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	NOTE: Registered Agent signature required when reinstating	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEUSCH, ANN G 5255 COLLINS AVENUE #3B MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLICKSTEIN, LAUREL 3342 AMSTERDAM AVENUE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLAKE, JANE G 7601 COQUINA DRIVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLAS, SUE 9621 SW 118TH PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS-JAEGER, CAROLYN 5869 HARRINGTON WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, ROBERT 19321 NE 19TH AVE NORTH MIAMI BEACH, FL 33179

U00000470195  
03/28/06-80004-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b> 	Date _____	Daytime Phone # _____
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