

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N00000002075



1. Entity Name

**MARY JOE BATTLE MACDONALD SCHOLARSHIP
FOUNDATION, INC.**

Principal Place of Business

**C/O ANN KEUSCH
5255 COLLINS AVE., #3B
MIAMI, FL 33140**

Mailing Address

**C/O ANN KEUSCH
5255 COLLINS AVE., #3B
MIAMI, FL 33140**



04082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0992009

Applied For

Not Applicable

5. Certificate of Status Desired.



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U000000701731
04/20/07-80066-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEUSCH, ANN G
STREET ADDRESS	5255 COLLINS AVENUE #3B
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	V
NAME	GLICKSTEIN, LAUREL
STREET ADDRESS	3342 AMSTERDAM AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	ST
NAME	BLAKE, JANE G
STREET ADDRESS	7601 COQUINA DRIVE
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	D
NAME	DALLAS, SUE
STREET ADDRESS	9621 SW 118TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	JENKINS-JAEGER, CAROLYN
STREET ADDRESS	5869 HARRINGTON WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	MACDONALD, ROBERT
STREET ADDRESS	19321 NE 19TH AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann G. Keusch
Date

April 9, 2007 305.893.8771
Daytime Phone #

240-111