


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90036 021 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0992009	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEUSCH, ANN G 5255 COLLINS AVENUE, #3B MIAMI, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME KEUSCH, ANN G STREET ADDRESS 5255 COLLINS AVENUE #3B CITY-ST-ZIP MIAMI, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE V NAME GLICKSTEIN, LAUREL STREET ADDRESS 3342 AMSTERDAM AVENUE CITY-ST-ZIP COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5010 Harwood Drive CITY-ST-ZIP Des Moines, IA 50312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST. NAME BLAKE, JANE G STREET ADDRESS 7601 COQUINA DRIVE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE D NAME DALLAS, SUE STREET ADDRESS 9621 SW 118TH PLACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE D NAME JENKINS-JAEGER, CAROLYN STREET ADDRESS 5000 HARRINGTON WAY CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 215 Phipps Plaza CITY-ST-ZIP Boca Raton, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MACDONALD, ROBERT STREET ADDRESS 19321 NE 19TH AVE CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: <i>Ann G. Keusch</i>			3/21/08 305-893-5771		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		