

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002075

FILED
Feb 07, 2009
Secretary of State

Entity Name: MARY JOE BATTLE MACDONALD SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0992009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEUSCH, ANN G
5255 COLLINS AVENUE , #3B
MIAMI, FL 33140 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: KEUSCH, ANN G
Address: 5255 COLLINS AVENUE #3B
City-St-Zip: MIAMI, FL 33140

Title: V () Delete
Name: GLICKSTEIN, LAUREL
Address: 5010 HARNOON DRIVE
City-St-Zip: DES MOINES, IA 50312

Title: ST () Delete
Name: BLAKE, JANE G
Address: 7601 COQUINA DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: DALLAS, SUE
Address: 9621 SW 118TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: JENKINS-JAEGER, CAROLYN
Address: 215 PHIPPS PLAZA
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MACDONALD, ROBERT
Address: 19321 NE 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN G. KEUSCH

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

_____ Date