

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2004
Secretary of State**

DOCUMENT# N01000001406

Entity Name: THE TRACY MCGRADY FOUNDATION, INC.

Current Principal Place of Business:

114 W PARRISH ST
5TH FLOOR
DURHAM, NC 27701

New Principal Place of Business:

9209 CHARLES E. LIMPUS RD.
ORLANDO, FL 32836

Current Mailing Address:

PO BOX 690637
ORLANDO, FL 328690637

New Mailing Address:

FEI Number: 58-2607562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKINNON, ALEXANDER C
255 S ORANGE AVENUE
800
ORLANDO, FL 32801 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: CDP () Delete
Name: MCGRADY, TRACY L JR
Address: 9209 CHARLES E LIPUS RD
City-St-Zip: ORLANDO, FL 328365805

Title: DV () Delete
Name: HALL, WAYNE R
Address: 8733 BECKINGHAM PLACE
City-St-Zip: ORLANDO, FL 328365752

Title: DTS () Delete
Name: BASS, GUSTAVUS
Address: 113 LONG SHADOW PLACE
City-St-Zip: DURHAM, NC 27713

Title: V () Delete
Name: LAWSON, JOHNNIE E
Address: 1745 HOBBS RD
City-St-Zip: AUBURNDALE, FL 33823

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GUSTAVUS BASS

S

01/23/2004

Electronic Signature of Signing Officer or Director

Date