

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006596

FILED
Apr 26, 2004
Secretary of State**Entity Name:** MACKNEEN FOUNDATION, INC.**Current Principal Place of Business:**2915 HELEN AVENUE
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**2915 HELEN AVENUE
ORLANDO, FL 32804**New Mailing Address:****FEI Number:** 20-1032001**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HICKS, EMILY
2915 HELEN AVENUE
ORLANDO, FL 32804**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:** D () Delete
Name: HICKS, EMILY
Address: 2915 HELEN AVENUE
City-St-Zip: ORLANDO, FL 32804**Title:** D () Delete
Name: HICKS, JENNIFER
Address: 1001 LAKE HIGHLAND DRIVE
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: HICKS, MARDELLE
Address: 971 ALTALOMA DRIVE
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: HICKS, JENNIFER
Address: 2534 HARRISON AVE
City-St-Zip: ORLANDO, FL 32804**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: EMILY HICKS

D

04/26/2004

Electronic Signature of Signing Officer or Director_____
Date