

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006596

FILED  
May 01, 2005  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HICKS, EMILY  
2915 HELEN AVENUE  
ORLANDO, FL 32804      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: D      ( ) Delete  
Name: HICKS, EMILY  
Address: 2915 HELEN AVENUE  
City-St-Zip: ORLANDO, FL 32804

Title: D      ( ) Delete  
Name: HICKS, JENNIFER  
Address: 2534 HARRISON AVE  
City-St-Zip: ORLANDO, FL 32804

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:      ( ) 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: EMILY HICKS

D

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date