

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008636

FILED  
Jul 01, 2004  
Secretary of State

**Entity Name:** ALEXANDER D. MACKINNON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

334 BLANCA AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

334 BLANCA AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-2127013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKINNON, ALEXANDER D III  
334 BLANCA AVENUE  
TAMPA, FL 33606

**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: PSTD ( ) Delete  
Name: MACKINNON, ALEXANDER D III  
Address: 334 BLANCA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: MACKINNON, ALEXANDER D IV  
Address: 4101 W MORRISON AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: DAVIS, DARCY L  
Address: 23 PARK TERRACE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32083

Title: D ( ) Delete  
Name: HILL, KATHERINE E  
Address: 608 CHATHAM DRIVE  
City-St-Zip: TAMPA, FL 33616

**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: ALEXANDER D MACKINNON III

PSTD

07/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date