


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008636 1. Entity Name ALEXANDER D. MACKINNON FAMILY FOUNDATION, INC.	
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Principal Place of Business 334 BLANCA AVENUE TAMPA, FL 33606	Mailing Address 334 BLANCA AVENUE TAMPA, FL 33606
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2140464	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MACKINNON, ALEXANDER D III 334 BLANCA AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKINNON, ALEXANDER D IV 4101 W MORRISON AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, DARCY L 23 PARK TERRACE DRIVE ST AUGUSTINE, FL 32083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, KATHERINE E 608 CHATHAM DRIVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000173308
01/07/05-80015-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5-05 813-621-4671