2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N03000008636

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: 54-2140464 **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 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: 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 Chapter 119, 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 MACKINNON PSTD 01/09/2007

Electronic Signature of Signing Officer or Director — Date