

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N05000008929

1. Entity Name

MACKAY FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**501 PAWNEE TRL
MAITLAND FL 32751**

**501 PAWNEE TRL
MAITLAND FL 32751**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-3498193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREY, JULIA L
215 N EOLA DR
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, GEORGE I	
STREET ADDRESS	501 PAWNEE TRL	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, ELOISE B	
STREET ADDRESS	501 PAWNEE TRL	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, DAVID L	
STREET ADDRESS	P O BOX 206	
CITY-STATE-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, GEORGE ALBERT	
STREET ADDRESS	2015 NW 27TH TERR	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, MARY ANN	
STREET ADDRESS	2025 KING ARTHUR CIR	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, CARL B	
STREET ADDRESS	208 HILLSBORO ST	
CITY-STATE-ZIP	NEW SMYRNA FL 32169	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000699270
CITY-STATE-ZIP	04/19/07-80035-025 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

4/27/07 47 644-2115