

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008929

FILED
Jan 17, 2009
Secretary of State

Entity Name: MACKAY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

501 PAWNEE TRL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

501 PAWNEE TRL
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-3498193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREY, JULIA L
215 N EOLA DR
ORLANDO, FL 32801 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: MACKAY, GEORGE I
Address: 501 PAWNEE TRL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MACKAY, ELOISE B
Address: 501 PAWNEE TRL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MACKAY, DAVID L
Address: P O BOX 206
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: MACKAY, GEORGE ALBERT
Address: 2015 NW 27TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GARNER, MARY ANN
Address: 2025 KING ARTHUR CIR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MILLER, CARL B
Address: 208 HILLSBORO ST
City-St-Zip: NEW SMYRNA, FL 32169

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
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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 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: GEORGE MACKAY

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date