

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N06000001764

Entity Name: MACY'S MIRACLE FOUNDATION, INC.

**Current Principal Place of Business:**

3739 59TH AVE. CIR. E.  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

3739 59TH AVE. CIR. E.  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 20-4329943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROCKLEIN, JOSEPH E III  
800 S. OSPREY AVE.  
SARASOTA, FL 34236      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: P      ( ) Delete  
Name: KENDZIOR, JOHN J  
Address: 3739 59TH AVE CIR E  
City-St-Zip: ELLENTON, FL 34222

Title: VP      ( ) Delete  
Name: KENDZIOR, RACHEL K  
Address: 3739 59TH AVE CIR E  
City-St-Zip: ELLENTON, FL 34222

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOHN KENDZIOR

P

04/30/2008

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

\_\_\_\_\_  
Date