# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 14, 2009**
**Secretary of State**

DOCUMENT# N09000000046

**Entity Name:** YVONNE MCDONALD MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

3366 THOMAS AVE.
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3366 THOMAS AVE.
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number: 37-1577918** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

SMITH, MARY A
3366 THOMAS AVE.
MIAMI, FL 33133 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: | C | ( ) Delete |
| Name: | SMITH, MARY A | |
| Address: | 3366 THOMAS AVE. | |
| City-St-Zip: | MIAMI, FL 33133 | |
| Title: | VC | ( ) Delete |
| Name: | HALL, ROBERT L III | |
| Address: | 3631 FRANKLIN AVE. | |
| City-St-Zip: | MIAMI, FL 33133 | |
| Title: | T | ( ) Delete |
| Name: | EASON, ALICE I | |
| Address: | 16800 NW 19TH AVE. | |
| City-St-Zip: | MIAMI, FL 33056 | |
| Title: | S | ( ) Delete |
| Name: | WILLIAMS, JOYCE M | |
| Address: | 1955 NW 53RD ST. | |
| City-St-Zip: | MIAMI, FL 33142 | |
| Title: | T | ( ) Delete |
| Name: | SMITH, KENNETH G | |
| Address: | 3010 NW 176 ST. | |
| City-St-Zip: | MIAMI GARDENS, FL 33056 | |
| Title: | T | ( ) Delete |
| Name: | JORDAN, SYLVIA | |
| Address: | 3870 WASHINGTON AVE. | |
| City-St-Zip: | MIAMI, FL 33133 | |

**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: | |
| 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: ALICE ISABELL EASON TREA 07/14/2009
Electronic Signature of Signing Officer or Director — Date