

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37788 (9)**  
1. Corporation Name  
**MACDONALD TRAINING CENTER FOUNDATION, INC.**



Principal Place of Business  
**4304 BOY SCOUT BLVD.  
TAMPA FL 33607**

Mailing Address  
**4304 BOY SCOUT BLVD.  
TAMPA FL 33607**

3. Date Incorporated or Qualified  
**04/24/1990**

3a. Date of Last Report  
**02/20/1995**

4. FEI Number  
**59-3015432**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**TROCKE, MICHAEL T  
101 E. KENNEDY BLVD.  
SUITE 2500  
TAMPA FL 33602**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PENNINGTON, GEORGE H</b>	
STREET ADDRESS	<b>4304 BOY SCOUT BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLYNN, PAUL</b>	
STREET ADDRESS	<b>425 MONTROSE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, G. P</b>	
STREET ADDRESS	<b>2517 WATROUS AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOZEMAN, WILLIAM L</b>	
STREET ADDRESS	<b>201 S LINCOLN AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<b>Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Jack Butcher</b>
53 STREET ADDRESS	<b>202 S. Parker St.</b>
54 CITY-ST-ZIP	<b>Tampa, FL 33606</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George H. Pennington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date

(813) 870-1300

Daytime Phone #

CR2E037 (12/95)