
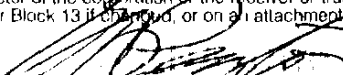


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 33607-5717	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	DELETE	
NAME	PENNINGTON, GEORGE H		
STREET ADDRESS	4304 BOY SCOUT BLVD.		
CITY - ST - ZIP	TAMPA FL		
TITLE	TD	DELETE	
NAME	FLYNN, PAUL		
STREET ADDRESS	425 MONTROSE AVE		
CITY - ST - ZIP	TAMPA FL		
TITLE	D	DELETE	
NAME	WOOD, G. P		
STREET ADDRESS	2517 WATROUS AVE		
CITY - ST - ZIP	TAMPA FL		
TITLE	D	DELETE	
NAME	BOZEMAN, WILLIAM L		
STREET ADDRESS	201 S LINCOLN AVE		
CITY - ST - ZIP	TAMPA FL		
TITLE	C	DELETE	
NAME	BUTCHER, JACK		
STREET ADDRESS	202 S PARKER STREET		
CITY - ST - ZIP	TAMPA FL		
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Change Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	Change Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	Change Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	Change Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	C/D Change Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	Change Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Jr. 3/18/97 (813) 870-1300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0047576			



CR2E037 (9/96)