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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90194 035 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37788**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

3. Date Incorporated or Qualified

**04/24/1990**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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 **P** ☐ DELETE  
NAME **PENNINGTON, GEORGE H**  
STREET ADDRESS **4304 BOY SCOUT BLVD.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ 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 **CD** ☐ DELETE  
NAME **BUTCHER, JACK**  
STREET ADDRESS **202 S PARKER STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE  
NAME **DEBOISER, KIMBERLEE**  
STREET ADDRESS **5420 BAY CENTER DRIVE SUITE 108**  
CITY-ST-ZIP **TAMPA FL 33609**

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 ☐ 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George H. Pennington, Jr.** 2/9/99 (813) 870-1300

Date

Daytime Phone #

CR2E037 (1/98)