

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37788

FILED
Feb 13, 2004
Secretary of State

Entity Name: MACDONALD TRAINING CENTER FOUNDATION, INC.

Current Principal Place of Business:

5420 W CYPRESS ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5420 W CYPRESS ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3015432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROCKE, MICHAEL T
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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: FREYVOGEL, JAMES M
Address: 5420 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: VCD () Delete
Name: BASHAM, BOB
Address: 2202 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: DIAZ, RICJARD
Address: 5444 BAY CENTER DR STE 122
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: LUBRANO, ANGELA
Address: 3401 HENDERSON BLVD SUITE E
City-St-Zip: TAMPA, FL 33609

Title: CD () Delete
Name: KELLY, PETER
Address: 100 S ASHLEY DRIVE SUITE 1300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DEBOSIER, KIMBERLEE
Address: 1105 E. TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: BOZEMAN, WILLIAM
Address: 509 BRENTWOOD PLACE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. FREYVOGEL

P

02/13/2004

Electronic Signature of Signing Officer or Director

Date