2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37788

FILED Apr 08, 2005 Secretary of State

Entity Name: MACDONALD TRAINING CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5420 W CYPRESS ST TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

5420 W CYPRESS ST TAMPA, FL 33607

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

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

TROCKE, MICHAEL T 101 E. KÉNNEDY BLVD. **SUITE 2800** TAMPA, FL 33602 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition FREYVOGEL, JAMES M Name: Name:

5420 W CYPRESS ST Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip:

Title: VCD () Delete Title: VC (X) Change () Addition

BASHAM, BOB Name: BASHAM, BOB Name:

Address: 2202 N WESTSHORE BLVD Address: 2202 N WESTSHORE BLVD City-St-Zip: TAMPA, FL 33607

TAMPA, FL 33607 City-St-Zip:

Title: () Delete Title: (X) Change () Addition DEBOSIER, KIMBERLEE BUTCHER, JACK Name: Name:

1105 E. TWIGGS STREET 2831 BELLWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: BRANDON, FL 33511

Title: SD () Delete Title: (X) Change () Addition

Name: LUBRANO, ANGELA Name: HOLLEY, SUZY 3401 HENDERSON BLVD SUITE E 3518 W. OBISPO Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33629

Title: CD () Delete Title: (X) Change () Addition

BOZEMAN, WILLIAM BOZEMAN, WILLIAM Name: Name: 509 BRENTWOOD PLACE 509 BRENTWOOD PLACE Address: Address: BRANDON, FL 33511 BRANDON, FL 33511 City-St-Zip: City-St-Zip:

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 Ρ 04/08/2005