

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90267 031 \*\*\*\*70.00

**DOCUMENT # N96000005446**

1. Entity Name  
**MCKINLEY FINANCIAL FOUNDATION, INC.**



Principal Place of Business  
**545 NORTH ANDREWS AVE  
FORT LAUDERDALE, FL 33301 US**

Mailing Address  
**545 NORTH ANDREWS AVE  
FORT LAUDERDALE, FL 33301 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**65-0710410**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, E R  
7797 N UNIVERSITY DR  
STE 108  
TAMARAC, FL 33321**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MCKINLEY, JAMES  
STREET ADDRESS 6555 POWERLINE RD #214  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE PD ☒ Change ☐ Addition  
NAME MCKINLEY, JAMES  
STREET ADDRESS 545 NORTH ANDREWS AVE.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE D ☐ Delete  
NAME FOSTER, DONALD M  
STREET ADDRESS 6555 POWERLINE RD #214  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D ☒ Change ☐ Addition  
NAME FOSTER, DONALD M.  
STREET ADDRESS 545 NORTH ANDREWS AVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE SD ☐ Delete  
NAME MCKINLEY, CONSUELO  
STREET ADDRESS 6555 POWERLINE RD #214  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE SD ☒ Change ☐ Addition  
NAME MCKINLEY, CONSUELO  
STREET ADDRESS 545 NORTH ANDREWS AVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

954-938-2685

Daytime Phone #