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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000004871**

1. Corporation Name
THE MACDOUGALD FOUNDATION, INC.

Principal Place of Business	Mailing Address
5776 WEST SHORE DRIVE NEW PORT RICHEY FL 34652	5776 WEST SHORE DRIVE NEW PORT RICHEY FL 34652

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 08/27/1997

4. FEI Number: 59-3468929 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

GORDON, BRUCE H
101 E. KENNEDY BLVD.
BARNETT PLAZA, SUITE 2800
TAMPA FL 33602-0609

10. Name and Address of New Registered Agent

81 Name: JOEL D. BROWSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 150 SECOND AVENUE N, # 1100
83
84 City: ST PETERSBURG FL 85 Zip Code: 33701

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: Joel D. Brow DATE: 2/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MACDOUGALD, JAMES E.		1.2 NAME	
STREET ADDRESS	5776 W SHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAC DOUGALD, SUZANNE M.		2.2 NAME	
STREET ADDRESS	5776 W SHORE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MACDOUGALD, I J		3.2 NAME	
STREET ADDRESS	112 BEECH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	WRENTHAM MA 02093		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MACDOUGALD, JAMES E.		4.2 NAME	
STREET ADDRESS	5776 W SHORE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MACDOUGALD, SUZANNE		5.2 NAME	
STREET ADDRESS	5776 W SHORE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 2/26/99 727-848-4348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #