


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004871 1. Entity Name THE MACDOUGALD FOUNDATION, INC.	
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Principal Place of Business 1781 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704	Mailing Address 1781 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704
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02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3468929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRONSTEIN, JOEL D 150 SECOND AVE. NORTH STE 1100 ST PETERSBURG, FL 33701	DO NOT WRITE IN THIS SPACE
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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDOUGALD, JAMES E. 1781 BRIGHTWATER BLVD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAC DOUGALD, SUZANNE M. 1781 BRIGHTWATER BLVD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALD, I J 112 BEECH ST WRENTHAM, MA 02093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALD, JAMES E. 1781 BRIGHTWATER BLVD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDOUGALD, SUZANNE 1781 BRIGHTWATER BLVD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80008-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Suzanne MacDougald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE M. MACDOUGALD

2/7/05

Date

727-822-9040

Daytime Phone #