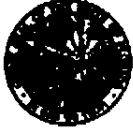


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006889 (6) 1. Corporation Name THE MACDONALD FAMILY FOUNDATION, INC.					
Principal Place of Business 8675 HIDDEN RIVER PARKWAY TAMPA FL 33637			Mailing Address 8675 HIDDEN RIVER PARKWAY TAMPA FL 33637		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			25 Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 12/11/1997			4. FEI Number 59-3483945		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent MACDONALD, JOHN L 8675 HIDDEN RIVER PARKWAY TAMPA FL 33637			10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 City 14 FL 15 Zip Code		
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 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					

SIGNATURE REQUIRED