


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006889	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3483945	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

**MACDONALD, JOHN L
8675 HIDDEN RIVER PARKWAY
TAMPA, FL 33637**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000116925 04/16/04-80085-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, JOHN 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, DERRY 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLZBERG, MAXWELL 199 ROGERS DRIVE SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **813 632 3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____