

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006502**

1. Entity Name  
**THE MACBETH FOUNDATION, INC.**



Principal Place of Business

**2543 US 27 SOUTH  
SEBRING, FL 33870**

Mailing Address

**2543 US 27 SOUTH  
SEBRING, FL 33870**

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-0910075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**MACBETH, J. ROSS  
2543 US 27 SOUTH  
SEBRING, FL 33870**

**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

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

(NOTE: Registered Agent signature required when translating)

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	D
NAME	MACBETH, J. ROSS
STREET ADDRESS	2543 US 27 SOUTH
CITY- ST- ZIP	SEBRING, FL 33870
TITLE	D
NAME	MACBETH, R. MARK
STREET ADDRESS	1702 ANDALUSIA STREET
CITY- ST- ZIP	SEBRING, FL 33872
TITLE	D
NAME	MACBETH, J. VAIL
STREET ADDRESS	491 N. E. DURAND DRIVE
CITY- ST- ZIP	ATLANTA, GA 30307
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000310856  
04/18/05-80021-006 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)(f), 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

*April 13, 2005* (863) 385-7600  
Date Daytime Phone #