

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007837

**Entity Name:** MCDONALD'S PLAYWORLD COMMUNITY DEVELOPMENT, INC.**Current Principal Place of Business:**740 N W 58TH STREET  
MIAMI, FL 33127**Current Mailing Address:**740 N W 58TH STREET  
MIAMI, FL 33127 US**FEI Number:** 27-2343783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS-GRAYSON & CO  
915 NW 1ST AVENUE  
BAY 3A  
MIAMI, FL 33136 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MEMBER               |
| Name            | MCDONALD, GEORGE     |
| Address         | 3135 NW 48TH TERRACE |
| City-State-Zip: | MIAMI FL 33142       |

|                 |                    |
|-----------------|--------------------|
| Title           | PRESIDENT          |
| Name            | GRAYSON, ADLAI R   |
| Address         | 6375 NW 2ND AVENUE |
| City-State-Zip: | MIAMI FL 33136     |

|                 |                    |
|-----------------|--------------------|
| Title           | MEMBER             |
| Name            | JOHNSON, LORENZO   |
| Address         | 6375 NW 2ND AVENUE |
| City-State-Zip: | MIAMI FL 33150     |

|                 |                    |
|-----------------|--------------------|
| Title           | EXDI               |
| Name            | CARTY, MARCIA G    |
| Address         | 3321 NW 214 STREET |
| City-State-Zip: | MIAMI FL 33056     |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | REYES, SHACORA     |
| Address         | 6375 NW 2ND AVENUE |
| City-State-Zip: | MIAMI FL 33150     |

|                 |                  |
|-----------------|------------------|
| Title           | TREASURER        |
| Name            | OMOAKA, SONNY    |
| Address         | 6375 N W 2ND AVE |
| City-State-Zip: | MIAMI FL 33150   |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARCIA CARTY

PRESIDENT

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date