

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000005097

Entity Name: THE ALEX MCDONALD FOUNDATION, INC.

Current Principal Place of Business:

426 NW 2ND AV.
OCALA, FL 34475

Current Mailing Address:

426 NW 2ND AV.
OCALA, FL 34475 US

FEI Number: 46-2915799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONALD, WILLIAM HOYLE III
426 NW 2ND AV.
OCALA, FL 34475 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: WILLIAM HOYLE MCDONALD III

08/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name MCDONALD, WILLIAM HOYLE III
Address 426 NW 2ND AV.
City-State-Zip: Ocala FL 34475

Title SECRETARY
Name MCDONALD, WILLIAM HOYLE III
Address 426 NW 2ND AV.
City-State-Zip: Ocala FL 34475

Title PRESIDENT
Name MCDONALD, DIANNE MARIE
Address 828 SE 23RD ST.
City-State-Zip: Ocala FL 34471

Title VP
Name CASLER, JEANETTE SOUCIE
Address 1691 NE 95TH ST.
City-State-Zip: ANTHONY FL 32617

Title TREASURER
Name MCDONALD, WILLIAM HOYLE III
Address 426 NW 2ND AV.
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name MCDONALD, ALLISON LYNN
Address 828 SE 23RD ST.
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name BALDREE, RILEY
Address 395 BARNACLE LANE
City-State-Zip: INDIANTLANTIC FL 32903

Title DIRECTOR
Name DIAZ, CALEB W.
Address 4 HOLLY LANE
City-State-Zip: DAPHNE AL 36528

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: WILLIAM HOYLE MCDONALD III

EXECUTIVE DIRECTOR

08/18/2015

Electronic Signature of Signing Officer/Director Detail

Date