

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37788

Entity Name: MACDONALD TRAINING CENTER FOUNDATION, INC.**Current Principal Place of Business:**5420 W CYPRESS ST
TAMPA, FL 33607**Current Mailing Address:**5420 W CYPRESS ST
TAMPA, FL 33607 US**FEI Number:** 59-3015432**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KELLY, PETER J
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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	P
Name	FREYVOGEL, JAMES M
Address	5420 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	CHAIRMAN
Name	DAVIN, FRAN
Address	8608 SNOWY OWL WAY
City-State-Zip:	TAMPA FL 33647

Title	VC
Name	FERGUSON, BOB
Address	2621 COBBS WAY
City-State-Zip:	PALM HARBOR FL 34684

Title	S
Name	BAUMANN, PHILLIP
Address	201 E. KENNEDY BOULEVARD SUITE 830
City-State-Zip:	TAMPA FL 33602

Title	TREASURER
Name	FOGARTY, JERRY
Address	2101 SOUTH DALE MABRY HIGHWAY
City-State-Zip:	TAMPA FL 33629

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: JAMES M. FREYVOGEL**PRESIDENT/CEO****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date