

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37790

Entity Name: MACDONALD TRAINING CENTER HOLDING CORP.**Current Principal Place of Business:**5420 W CYPRESS STREET
TAMPA, FL 33607-1706**Current Mailing Address:**5420 W CYPRESS STREET
TAMPA, FL 33607-1706 US**FEI Number:** 59-3010536**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	LEVY, KARENNE P
Address	5420 W CYPRESS STREET
City-State-Zip:	TAMPA FL 33607
Title	VC
Name	DEBOSIER, KIMBERLEE
Address	5823 BOWEN DANIEL DRIVE, UNIT 1003
City-State-Zip:	TAMPA FL 33616
Title	SECRETARY
Name	SPEARS, PATRICIA
Address	2413 BAYSHORE BLVD, #1504
City-State-Zip:	TAMPA FL 33629

Title	TREASURER
Name	DIAZ, RICHARD JR
Address	4202 EL PRADO BLVD.
City-State-Zip:	TAMPA FL 33629
Title	CHAIRMAN
Name	BLAIR, WILLARD
Address	101 E. KENNEDY BOULEVARD SUITE 2800
City-State-Zip:	TAMPA FL 33602

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: KARENNE LEVY**PRESIDENT/CEO****04/17/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date