

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004187

FILED
Apr 29, 2010
Secretary of State

Entity Name: PARTNERS FOR MADAGASCAR CORP.

Current Principal Place of Business:

128 FERRY ROAD, NE
FORT WALTON BEACH, FL 325485176

New Principal Place of Business:

Current Mailing Address:

PO BOX 1196
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-2992847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AKINS, CLINTON M
128 FERRY ROAD, NE
FORT WALTON BEACH, FL 325485176 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: AKINS, CLINTON M PRES-CH
Address: 128 FERRY ROAD NE
City-St-Zip: FT WALTON BCH, FL 32548

Title: FIEL
Name: FANJANIRINARIVO, YOLANDE M FLDDIR
Address: 128 FERRY ROAD NE
City-St-Zip: FT WALTON BCH, FL 32548

Title: TREA
Name: CUMMINS-HILLS, JESALYN DIR
Address: 149 FERRY ROAD NE
City-St-Zip: FT WALTON BCH, FL 32548

Title: DIR
Name: WALVOORD, MARK DIR
Address: 621 NW 48TH ST
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: SECY
Name: HERNDON, JEANETTE DIR
Address: 238 HOLLYWOOD BLVD SE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DIR
Name: BASS, IRA C DIR
Address: 1214 JUNIPER LAKE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: CLINTON M. AKINS

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date