

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004187

FILED  
Feb 22, 2011  
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: CHAI  
Name: AKINS, CLINTON M CHAIRBD  
Address: 128 FERRY ROAD NE  
City-St-Zip: FT WALTON BCH, FL 32548

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

Title: TREA  
Name: HERNDON, JEANNETTE DIR-TRE  
Address: 238 HOLLYWOOD BLVD SE  
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: BASS, IRA C DIR-SEC  
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

CHAI

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date