

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 006 ****70.00

DOCUMENT # N03000010845

1. Entity Name

MALACHI FOUNDATION CORP.



Principal Place of Business

3419 E. HENRY AVENUE
TAMPA FL 33610

Mailing Address

3419 E. HENRY AVENUE
TAMPA FL 33610

20022545



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

6009 N. 42th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

34-1647226

Applied For

Not Applicable

Zip

33610

Country

U.S.

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANNER, JEFFREY
3419 E. HENRY AVENUE
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey Hanner president

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN. 18, 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HANNER, JEFFREY	
STREET ADDRESS	3419 E. HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CARTER, DARIUS	
STREET ADDRESS	3419 E. HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUTCHERSON, JR.L, SAMMIE	
STREET ADDRESS	3419 E. HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanner, Jeffrey	
STREET ADDRESS	3419 E. Henry Avenue	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mutcherson, JR. L, Sammie	
STREET ADDRESS	3419 E. Henry Avenue	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey Hanner president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 18, 2005

Date

Daytime Phone #

(813) 238-3819