2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2007 8:00 am DOCUMENT # N03000010845 **Secretary of State** 02-19-2007 90054 013 ****61.25 MALACHI FOUNDATION CORP. Principal Place of Business Mailing Address 6009 N 42TH ST 3419 E HENRY AVENUE TAMPA FL 33610 **TAMPA FL 33610** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3419 F. Havry Suite, Apt. #. etc. Suite, Apl. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 34-1647226 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Hisborough Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANNER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3419 E. HENRY AVENUE TAMPA FL 33610 City 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 SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete DHE Change ☐ Addition NAME HANNER, JEFFREY STREET ADDRESS 3419 E. HENRY AVENUE STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP **TAMPA FL 33610** TITLE D۷ ☐ Delete HILLE Change ☐ Addition Perknos, Shalonda 3419 E. Henry ave. Tampa, FL. 33610 NAME PERKINS, SHANLONDA NAME STREET ADDRESS 6009 NORTH 42ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** TITLE Defete TITLE ☐ Change ☐ Addition NAME WILBURN, JIMMY L JR STREET ADDRESS STREET ADDRESS 3419 E. HENRY AVENUE CITY-ST-ZIP **TAMPA FL 33610** CHY-ST-ZIP TITLE Delete □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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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 eath; 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 gither like empowered.