

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010633

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** THE MELTING POT FAMILY AND BELONGING FOUNDATION, INC.

**Current Principal Place of Business:**

8810 TWIN LAKES BLVD  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8810 TWIN LAKES BLVD  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 20-8861437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON, JEFFREY C  
501 EAST KENNEDY BLVD STE 1700  
TAMPA, FL 33602 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: JOHNSTON, ROBERT  
Address: 8810 TWIN LAKES BLVD  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: JOHNSTON, MICHAEL  
Address: 8810 TWIN LAKES BLVD  
City-St-Zip: TAMPA, FL 33614

Title: SECR  
Name: JOHNSTON, MARK  
Address: 8810 TWIN LAKES BLVD  
City-St-Zip: TAMPA, FL 33614

Title: TREA  
Name: PIERCE, SCOTT A  
Address: 8810 TWIN LAKES BLVD  
City-St-Zip: TAMPA, FL 33614

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: SCOTT PIERCE

TREA

01/24/2011

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

\_\_\_\_\_  
Date