2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-20-2007 90080 043 ****70.00
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FILED
07 MAY 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000012328

1. Entity Name
MALISAWAN TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
4452 LOVELAND PASS DRIVE EAST JACKSONVILLE, FL 32210	4452 LOVELAND PASS DRIVE EAST JACKSONVILLE, FL 32210

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2632382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRANGE, MARY H 4452 LOVELAND PASS DRIVE EAST JACKSONVILLE, FL 32210	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRANGE, MARY H 4452 LOVELAND PASS DRIVE EAST JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thornton, Fred 480 ak street Crawfordville, Florida 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCKISSICK, WANDA J 2942 BYINGTON CIRCLE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Webster, Quea 75 Harvey-Melton Road Crawfordville, Florida 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAROL, IVANHOE 50 SIMMONS COURT OCHLOCONEE BAY, FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vaslinda Michael 3018 Brandemar Drive Tallahassee, Florida 32213	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANKLIN, FREDDIE L 43 GREENVILA ROAD CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ford-Capehart, Mae 8390 Glendale Road Tallahassee, Florida 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BARRY, PATSY 1420 BLUE SPRING COURT ST. AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shingles, Josephus 1009 Wakulla Springs Road Crawfordville, Florida 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mathis, Angloa 3958 Star Tree Road Jacksonville, Florida 32210	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary H. Strange 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 5/11