

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012328

FILED
Apr 30, 2009
Secretary of State

Entity Name: MALISAWAN TRAINING INSTITUTE, INC.

Current Principal Place of Business:

4452 LOVELAND PASS DRIVE EAST
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4452 LOVELAND PASS DRIVE EAST
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 56-2632382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRANGE, MARY H
4452 LOVELAND PASS DRIVE EAST
JACKSONVILLE, FL 32210 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: P () Delete
Name: STRANGE, MARY H
Address: 4452 LOVELAND PASS DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: SMITH, FRANLISA M
Address: 1007 ARKANSAS AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: CAPEHART-FORD, MAE
Address: 8390 VLENDALIN RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: M () Delete
Name: MATHIS, ANGELIA M
Address: 8475 MAPLE ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: THORNTON, FRED
Address: 480 OAK STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: WEBSTER, QUEEN
Address: 75 HARVEY-MELTON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY H. STRANGE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date