

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012746

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** MTI EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

504 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

504 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 34-1548910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOM, MORRISON  
504 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250 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:** CEO  
**Name:** MORRISON, TOM  
**Address:** 504 OSCEOLA AVE.  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** PRES  
**Name:** PETERS, DOUGLAS  
**Address:** 215 RACE STREET  
**City-St-Zip:** MEADVILLE, PA 16335

**Title:** TR  
**Name:** GRAVES, NORM  
**Address:** 450 NORTH ESTILL AVE  
**City-St-Zip:** RICHMOND, KY 40475

**Title:** DIR  
**Name:** SPRINGER, MARY  
**Address:** 301 TRAVIS LANE  
**City-St-Zip:** WAUKESHA, WI 53186

**Title:** DIR  
**Name:** JONES, ROGER  
**Address:** 1969 CLEARVIEW ROAD  
**City-St-Zip:** SOUDERTON, PA 18964

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:** TOM MORRISON

CEO

04/23/2012

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

\_\_\_\_\_  
Date