2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000001084

Entity Name: MPD FOUNDATION & SHELTER, INC.

Current Principal Place of Business:

8090 ATLANTIC BLVD., #E-102
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8034
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 06-1808561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, MARIE L
8090 ATLANTIC BLVD, #E-102
JACKSONVILLE, FL 32211 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: PIERRE, MARIE L
Address: 8090 ATLANTIC BLVD., #E-102
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete
Name: PIERRE, KESLEY
Address: 8090 ATLANTIC BLVD., #E-102
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete
Name: LOUIMA, DENNIS
Address: 8090 ATLANTIC BLVD., #E-102
City-St-Zip: JACKSONVILLE, FL 32211

Title: TREA ( ) Delete
Name: PIERRE, NATHALIE
Address: 8090 ATLANTIC BLVD., #E-102
City-St-Zip: JACKSONVILLE,, FL 32211

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:

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: MARIE L. PIERRE P. 04/22/2009

Electronic Signature of Signing Officer or Director — Date