

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010654

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** MAINTAINING A POSITIVE ATTITUDE, INC.

**Current Principal Place of Business:**

647 MORNING MIST WAY  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

647 MORNING MIST WAY  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 26-1344863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: ROBINSON, JACQUELINE  
Address: 647 MORNING MIST WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: ROBINSON, GREGORY  
Address: 647 MORNING MIST WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: THOMPSON, LEONA  
Address: 3211 MELODY DR  
City-St-Zip: HUNTSVILLE, AL 35811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: NESMITH, ELANNA  
Address: 7548 GINGER TEA TRAIL  
City-St-Zip: JACKSONVILLE, FL 32244

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: JACQUELINE ROBINSON

PDTS

03/25/2008

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

\_\_\_\_\_  
Date