

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002876

1. Entity Name
MAHOGANY REVUE RESEARCH AND DEVELOPMENT
CENTER, (MR.RDC), INCORPORATED



Principal Place of Business
903 OSCEOLA AVE.
OCALA, FL 34470

Mailing Address
P. O. BOX 4954
OCALA, FL 34478

FILED
Jun 11, 2008 08:00 AM
Secretary of State



06092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3514224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, FRANCISO
903 OSCEOLA AVE.
OCALA, FL 34470

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IN THIS SPACE**

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 re-registering)

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000953006
06/11/08-80003-013 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEWIS-KHUFIA, CANDACE N
STREET ADDRESS 1310 W. SILVER SPRINGS
CITY-ST-ZIP Ocala, FL 34475

TITLE SD
NAME JACOBS, MARY
STREET ADDRESS 2004 W SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala, FL 34475

TITLE TD
NAME GRIMSLEY, CASSANDRA
STREET ADDRESS POB 617
CITY-ST-ZIP ANTHONY, FL 32617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jun 08

Daytime Phone #