

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003237

FILED
Aug 29, 2006
Secretary of State

Entity Name: MOUNTAIN MOVERS INSTITUTE, INC.

Current Principal Place of Business:

P.O. BOX 7723
WINTER HAVEN, FL 33883

New Principal Place of Business:

2823 AVE Q N.W.
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 7723
WINTER HAVEN, FL 33883

New Mailing Address:

2823 AVE Q N.W.
WINTER HAVEN, FL 33881

FEI Number: 59-3579092 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZELINKO, JOHN
2823 AVE Q N.W.
WINTER HAVEN, FL 33881 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: ZELINKO, JOHN
Address: 2823 AVE Q N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: OSWALD, B.J.
Address: 336 AVE H
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: BARRIOS, LISA
Address: 3404 SHERRY AVE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: BARRIOS, LISA
Address: 1053 S LAKE SHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN ZELINKO

P

08/29/2006

Electronic Signature of Signing Officer or Director

Date