## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004860

PITTMAN, JU'COBY

BELL, JR, ANDREW

SIGNATURE: BRYANT ROLLINS

JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32207

(X) Delete

1300 RIVERPLACE BLVD STE 500

613 W ASHLEY ST

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: MOUNTAINTOP INSTITUTE, INC.

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8923 HAMPTON LANDING DRIVE EAST JACKSONVILLE, FL 32256 **Current Mailing Address: New Mailing Address:** PO BOX 55049 JACKSONVILLE, FL 32255 FEI Number: 59-3689828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHEU, WILLIAM E ROLLINS, BRYANT 1301 RIVERPLACE BOULEVARD 8923 HAMPTON LANDING DRIVE EAST JACKSONVILLE, FL 32256 **SUITE 1500** JACKSONVILLE, FL 32207 US 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: BRYANT ROLLINS 01/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition WILSON, RADFORD Name: Name: 2330 EUCLID HEIGHTS BLVD #404 Address: Address: City-St-Zip: CLEVELAND HEIGHTS, OH 44106 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: RAO, HAYAGREVA Name: Address: EMORY UNIV 1300 CLIFTON RD Address: City-St-Zip: ATLANTA, GA 30322 City-St-Zip: Title: PD () Delete Title: () Change () Addition ROLLINS, BRYANT Name: Name: 8923 HAMPTON LANDING DRIVE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: ( ) Delete Title: **VPST** (X) Change ( ) Addition STETSON, SHIRLEY B Name: Name: STETSON, SHIRLEY B 9328 ARBOLITA WAY Address: Address: 9328 ARBOLITA WAY City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: (X) Delete Title: () Change () Addition

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

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Ρ

Address:

City-St-Zip:

() Change () Addition