

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007416

FILED
Apr 29, 2008
Secretary of State

Entity Name: MOTHER WIT INSTITUTE INC.

Current Principal Place of Business:

2737 N. 'E' STREET
PENSACOLA, FL 32501

New Principal Place of Business:

2737 N. 'E' STREET
PENSACOLA, FL 32501 US

Current Mailing Address:

2737 NORTH 'E' STREET
PENSACOLA, FL 32501

New Mailing Address:

2737 N. 'E' STREET
PENSACOLA, FL 32501 US

FEI Number: 59-3651376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON, GEORGIA
2737 N. 'E' STREET
PENSACOLA, FL 32501 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: BLACKMAN, GEORGIA
Address: 2737 N. 'E' STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: WRIGHT, LINDA
Address: 721 WOODLAND DRIVE
City-St-Zip: PENSACOLA, FL

Title: SD () Delete
Name: BLACKMAN, JOHNNY
Address: 2737 N. 'E' STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: MELONDY, NEAL
Address: 8149 HEIRLOOM DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BLACKMON, GEORGIA
Address: 2737 N. 'E' STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: ADIR (X) Change () Addition
Name: ARNOLD, JULIA
Address: 8235 STRASBURG RD
City-St-Zip: PENSACOLA, FL 32514 US

Title: T (X) Change () Addition
Name: SALTER, ROSE
Address: 202 E YOUNG ST
City-St-Zip: PENSACOLA, FL 32503 US

Title: S (X) Change () Addition
Name: BLACKMON, JEAN
Address: 7405 VIVER NELL LN
City-St-Zip: PENSACOLA, FL 32526 US

Title: O () Change (X) Addition
Name: BLACKMON, JOHNNY
Address: 2737 N E STREET
City-St-Zip: PENSACOLA, FL 32501 US

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: GEORGIA BLACKMON

DIR

04/29/2008

Electronic Signature of Signing Officer or Director

Date