

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90120 006 ***150.00

DOCUMENT # P99000002714

Entity Name

MAL FOUNDATION INC.

300440



DO NOT WRITE IN THIS SPACE

Principal Place of Business C CRAWFORDVILLE RD. TALLAHASSEE FL 32310	Mailing Address 4377-G CRAWFORDVILLE RD. TALLAHASSEE FL 32310-7036
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2. Principal Place of Business SAME AS ABOVE Address	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 31-1600551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOOKE, MARY 3665 ESTATE RD. TALLAHASSEE FL 32310	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Chair Person	<input type="checkbox"/> Delete		TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MARY HOOKS			NAME DARRELL FLOYD		
STREET ADDRESS 3665 Estate Rd			STREET ADDRESS 444 Richview Park Cir West		
CITY-ST-ZIP Tallahassee, FL 32310			CITY-ST-ZIP Tallahassee, FL 32301-3418		
TITLE	<input type="checkbox"/> Delete		TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME Arthur Hooks		
STREET ADDRESS			STREET ADDRESS 3665 Estates Rd		
CITY-ST-ZIP			CITY-ST-ZIP Tallahassee, FL 32310		
TITLE	<input type="checkbox"/> Delete		TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME TERRIA HUGHES		
STREET ADDRESS			STREET ADDRESS 3511 Lakeland St		
CITY-ST-ZIP			CITY-ST-ZIP Tallahassee, FL 32310		
TITLE	<input type="checkbox"/> Delete		TITLE Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME VAN WARREN		
STREET ADDRESS			STREET ADDRESS 444 Richview Oak Cir West		
CITY-ST-ZIP			CITY-ST-ZIP Tallahassee, FL 32301-3419		
TITLE	<input type="checkbox"/> Delete		TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME LILLIAN CROMBIE		
STREET ADDRESS			STREET ADDRESS 9301 MALACHUKU		
CITY-ST-ZIP			CITY-ST-ZIP Tallahassee, FL 32311		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Hooks Mary Hooks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

Bus. 850-309-7622
Home 850-656-3375

CR2E034 (9/99)