

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90015 005 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000002714			
1. Entity Name MAL FOUNDATION INC.			
Principal Place of Business 4377-G CRAWFORDVILLE RD. TALLAHASSEE FL 32310		Mailing Address 4377-G CRAWFORDVILLE RD. TALLAHASSEE FL 32310	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOOKE, MARY 3665 ESTATE RD. TALLAHASSEE FL 32310		Name Mary (CAIN) Hooks	
		Street Address (P.O. Box Number is Not Acceptable) 2423 Ramblewood Ct	
		City Tallahassee FL Zip Code 32303	
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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOOKE, MARY 3665 ESTATE RD TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Leland, Paul 4584 OLD Magnolia Rd Tallahassee, FL 32309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, DARRYL 444 RICHVIEW PARK CIR W TALLAHASSEE FL 32301-3418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FUND RAISING Aikens, ba Grande 2317 Killarny Way Tallahassee, FL 32308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, ANGELA 2306 JOEL DRIVE ALBANY GA 31705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Phleugh, Laura J. 3989 Woodville Hwy # 46 Tallahassee, FL 32305 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, JENNIFER 2603 GUN STREET TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Jones, Jennie V. 148 OLD BETHEL Rd CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROMUEL, LILLIAN 9301 MALACHI LN TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Brooks, Betty 2708 S. Sandalwood Dr. TALLAHASSEE, FL 32305 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member (asst Sec.) Leland, Constance 4584 OLD MAGNOLIA Rd Tallahassee, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 (Cain) Hooks **Mary (Cain) Hooks** 4/22/38 **office 850-309-7622**
 _____ **4/22/38** **1-850-523-0335**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)