

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90080 042 ***150.00

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

Same as above

3. Mailing Address



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1600551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOKE, MARY
2423 RAMBLEWOOD CT
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | HOOKE, MARY | |
| STREET ADDRESS | 3665 ESTATE RD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FLOYD, DARRYL | |
| STREET ADDRESS | 444 RICHVIEW PARK CIR W | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301-3418 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CAIN, ANGELA | |
| STREET ADDRESS | 2306 JOEL DRIVE | |
| CITY-ST-ZIP | ALBANY GA 31705 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TAYLOR, JENNIFER | |
| STREET ADDRESS | 2603 GUN STREET | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JONES, JEANIE/ NORMAN | |
| STREET ADDRESS | 148 OLD BETHEL RD. | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | MAS | <input type="checkbox"/> Delete |
| NAME | LELAND, CONSTANCE / Paul | |
| STREET ADDRESS | 4584 OLD MAGNOLIA RD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32309 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | Betty Brooks (Treasurer) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2708 S. Sandalwood Dr | |
| STREET ADDRESS | Tallahassee, FL 32309 | |
| CITY-ST-ZIP | | |
| TITLE | LaGrande Aikens | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2317 Kilarney Way | |
| STREET ADDRESS | Tallahassee, FL 32309 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Cain-Hooks
4/26/04

850-523-0335
850-309-7622
Daytime Phone #