2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90148 001 ***150.00

DOCUMENT # P99000002714

1. Entity Name
MAL FOUNDATION INC.

Principal Place of Business	Mailing Address
4377-G CRAWFORDVILLE RD. TALLAHASSEE FL 32310	4377-G CRAWFORDVILLE RD. TALLAHASSEE FL 32310

200034000

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Same as above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1600551 ☐ Applied For ☐ Not Applicable

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
HOOKS, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HOOKS, MARY ~~3665 ESTATE RD~~ 2423 Ramblewood ct TALLAHASSEE FL ~~32310~~ 32303 — Change Address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betty Brooks 2708 S. Sanderwood Dr. Tallahassee, FL 32305 ☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLOYD, DARRYL ~~440 BIG VIEW PARK CIR W~~ 2423 Ramblewood ct TALLAHASSEE FL ~~32301-3418~~ 32303 — Change address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	La Grande Aikens 2317 Kilarney Way Tallahassee, FL 32309 ☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAIN, ANGELA 2306 JOEL DRIVE ALBANY GA 31705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Add'l Kelia Wilkins 2423 Ramblewood ct secretary Tallahassee, FL 32303 ☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYLOR, JENNIFER 2603 GUN STREET TALLAHASSEE FL 32310 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T President Treasure JONES, JEANIE/ NORMAN (Jennie) 148 OLD BETHEL RD. CRAWFORDVILLE FL 32327 ☐ Delete — Name spelled incorrect	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAS LELAND, CONSTANCE/PAUL 4584 OLD MAGNOLIA RD TALLAHASSEE FL 32309 ☐ Delete — Constance is assist. Sec.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Cain Hooks 4/12/05 Schod 850-309-7622 850-523-0335
Name and title of officer or director — Date — Daytime Phone #