

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 028 ***150.00

DOCUMENT # P99000002714

1. Entity Name

MAL FOUNDATION INC.



Principal Place of Business

632 W. 7TH AVE.
TALLAHASSEE FL 32303

Mailing Address

632 W. 7TH AVE.
TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #

4377-G Crawfordville Rd

Suite, Apt. #, etc.

3. Mailing Address

4377-G Crawfordville Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

31-1600551

Applied For

Not Applicable

Zip

32305

Country

USA

Zip

32305

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKS, MARY
2423 RAMBLEWOOD CT
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME HOOKS, MARY
STREET ADDRESS 2423 RAMBLEWOOD CT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE P ☐ Delete
NAME FLOYD, DARRYL
STREET ADDRESS 2423 RAMBLEWOOD CT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VP ☐ Delete
NAME CAIN, ANGELA
STREET ADDRESS 2306 JOEL DRIVE
CITY-ST-ZIP ALBANY GA 31705

TITLE S ☐ Delete
NAME TAYLOR, JENNIFER
STREET ADDRESS 2603 GUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE PT ☐ Delete
NAME JONES, JENNIE
STREET ADDRESS 148 OLD BETHEL RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE AS ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Darryl R Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (850) 459-4361
Date Daytime Phone #