

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002714

Entity Name: MAL FOUNDATION INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4377-G CRAWFORDVILLE RD.
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

4377-G CRAWFORDVILLE RD.
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 31-1600551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOKS, MARY
2423 RAMBLEWOOD CT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

HOOKS, MARY
632 W 7TH AVE
TALLAHASSEE, FL 32303 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOOKS, MARY
Address: 2423 RAMBLEWOOD CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: FLOYD, DARRYL
Address: 2423 RAMBLEWOOD CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: CAIN, ANGELA
Address: 2306 JOEL DRIVE
City-St-Zip: ALBANY, GA 31705

Title: S () Delete
Name: TAYLOR, JENNIFER
Address: 2603 GUN STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: PT () Delete
Name: JONES, JENNIE
Address: 148 OLD BETHEL RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: AS () Delete
Name: LELAND, CONSTANCE/PAUL
Address: 4584 OLD MAGNOLIA RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CAIN-HOOKS, MARY
Address: 632 W 7TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: P (X) Change () Addition
Name: FLOYD, DARRYL
Address: 632 W 7TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition
Name: CAIN, ANGELA
Address: 504 SPRINGFIELD DR
City-St-Zip: ALBANY, GA 31721

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. CAIN-HOOKS

C

04/28/2009

Electronic Signature of Signing Officer or Director

Date