

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90615 049 ***150.00

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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

4. FEI Number **31-1600551**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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, 2003 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	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 checked="" type="checkbox"/> Delete
NAME	CROMUEL, LILLIAN	
STREET ADDRESS	9301 MALACHI LN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	MAS	<input type="checkbox"/> Delete
NAME	LELAND, CONSTANCE	
STREET ADDRESS	4584 OLD MAGNOLIA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeannie Jones / Norman	
STREET ADDRESS	148 Old Bethel Rd.	
CITY-ST-ZIP	Crawfordville FL 32327	
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

Mary Cain-Hooks **Mary Cain-Hooks**

4/15/03

Date

Daytime Phone #

CR2E034 (10/02)