

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012746

Entity Name: MTI EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

8825 PERIMETER PARK BLVD. #501
JACKSONVILLE, FL 32216

Current Mailing Address:

132 MAPLE ROW BLVD
530
HENDERSONVILLE, TN 37075 US

FEI Number: 34-1548910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOM, MORRISON
132 MAPLE ROW BLVD.
530
HENDERSONVILLE, FL 37075 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name MORRISON, TOM
Address 132 MAPLE ROW BLVD
 530
City-State-Zip: HENDERSONVILLE TN 37075

Title DIR
Name OAKES, JIM
Address 132 MAPLE ROW BLVD
 530
City-State-Zip: HENDERSONVILLE TN 37075

Title DIRECTOR
Name VANAS, JOHN
Address 132 MAPLE ROW BLVD. #530
City-State-Zip: HENDERSONVILLE TN 37075

Title TREASURER
Name GLENN, DOUG
Address 132 MAPLE ROW BLVD. #530
City-State-Zip: HENDERSONVILLE TN 37075

Title CHAIRMAN
Name CROSSLEY, BUSTER
Address 132 MAPLE ROW BLVD. 530
City-State-Zip: HENDERSONVILLE TN 37075

Title DIRECTOR
Name JONES, JAMIE
Address 132 MAPLE ROW BLVD #530
City-State-Zip: HENDERSONVILLE TN 37075

Title DIRECTOR
Name HENDRY, DON
Address 132 MAPLE ROW BLVD #530
City-State-Zip: HENDERSONVILLE TN 37075

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM MORRISON

CSO

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date