## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012746

Entity Name: MTI EDUCATIONAL FOUNDATION, INC.

**FILED** Apr 01, 2021 **Secretary of State** 6263032870CC

## **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:

CEO Title Title DIRECTOR

MORRISON, TOM Name Name SPRINGER, MARY Address 132 MAPLE ROW BLVD Address 301 TRAVIS LANE

530

WAUKESHA WI 53186 City-State-Zip: HENDERSONVILLE TN 37075 City-State-Zip:

Title **DIRECTOR** Title DIR Name VANAS, JOHN

OAKES, JIM Name Address 1340 E 222ND ST

132 MAPLE ROW BLVD Address City-State-Zip: EUCLID OH 44117

HENDERSONVILLE TN 37075 City-State-Zip: Title **CHAIRMAN** 

Title TREASURER Name CROSSLEY, BUSTER GLENN, DOUG Name Address 155 TEXAS AVE.

Address 260 MCELWAIN LN City-State-Zip: **ROUND ROCK TX 78664** 

City-State-Zip: NEW CASTLE PA 16101

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.

Electronic Signature of Signing Officer/Director Detail