

2018 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:

8825 PERIMETER PARK BLVD. #501
JACKSONVILLE, FL 32216 US

FEI Number: 34-1548910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOM, MORRISON
8825 PERIMETER PARK BLVD. #501
JACKSONVILLE, FL 32216 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 8825 PERIMETER PARK BLVD. #501
City-State-Zip: JACKSONVILLE FL 32216

Title PRES
Name SPRINGER, MARY
Address 301 TRAVIS LANE
City-State-Zip: WAUKESHA WI 53186

Title TR
Name JONES, ROGER
Address 1969 CLEARVIEW ROAD
City-State-Zip: SOUDERTON PA 18964

Title DIR
Name HUSHEK, PETE
Address 2405 WEST MOHAVE
City-State-Zip: PHOENIX AZ 85009

Title DIR
Name HUSS, GARY
Address 979 KOOPMAN LANE
City-State-Zip: ELKHORN WI 53121

Title DIRECTOR
Name VANAS, JOHN
Address 1340 E 222ND ST
City-State-Zip: EUCLID OH 44117

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

CEO

03/02/2018

Electronic Signature of Signing Officer/Director Detail

Date