## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012746

Entity Name: MTI EDUCATIONAL FOUNDATION, INC.

**FILED** Apr 01, 2019 **Secretary of State** 8340960335CC

## **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 Title **PRES** 

MORRISON, TOM Name SPRINGER, MARY Name 8825 PERIMETER PARK BLVD. #501 Address 301 TRAVIS LANE Address

City-State-Zip: WAUKESHA WI 53186 JACKSONVILLE FL 32216 City-State-Zip:

Title DIRECTOR Title DIR Name VANAS, JOHN Name JONES, JAMIE Address 1340 E 222ND ST Address 1969 CLEARVIEW BLVD

EUCLID OH 44117 City-State-Zip: City-State-Zip: SOUDERTON PA 18964

Title DIR Title DIR

Name GLENN, DOUG Name ROBERTS, JIM Address 260 MCELWAIN LN 1665 ELMWOOD RD Address

City-State-Zip: NEW CASTLE PA 16101 City-State-Zip: ROCKFORD IL 61103

Title DIR

CROSSLEY, BUSTER Name

155 TEXAS AVE. Address

**ROUND ROCK TX 78664** City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

CHIEF ADMINISTRATOR

04/01/2019

Date