

**2014 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:**

504 OSCEOLA AVE.  
JACKSONVILLE BEACH, FL 32250

**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            PETERS, DOUGLAS  
Address        215 RACE STREET  
City-State-Zip: MEADVILLE PA 16335

Title            TR  
Name            GRAVES, NORM  
Address        450 NORTH ESTILL AVE  
City-State-Zip: RICHMOND KY 40475

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

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

Title            DIR  
Name            HILL, BOB  
Address        30 INDUSTRIAL RD.  
City-State-Zip: HERMITAGE PA 16148

*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**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date