


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90158 024 ****61.25

DOCUMENT # F98000006642					
1. Entity Name THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.					
Principal Place of Business 2096 AIRPORT RD-BERLIN PO BOX 1249 BARRE, VT 05641		Mailing Address 2096 AIRPORT RD PO BOX 1249 MONTPELIER, VT 05601-1249			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0284103	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STEP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STRAUSS, ROGER PHD		NAME	Director	
STREET ADDRESS	RT 100		STREET ADDRESS	83 Davy Road	
CITY-ST-ZIP	MORETOWN, VT 05660		CITY-ST-ZIP	Montpelier VT 05602	
TITLE	DEV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUSSIER, ELAINE J		NAME	Alveah Caple	
STREET ADDRESS	153 VINE ST / BERLIN		STREET ADDRESS	5502 Wimper Avenue	
CITY-ST-ZIP	BARRE, VT 05641		CITY-ST-ZIP	Baltimore MD 21215-4745	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELLY, KIM		NAME	Ann Fortier	
STREET ADDRESS	20 TATER ST		STREET ADDRESS	41 Wildersburg Common	
CITY-ST-ZIP	MONT VERNON, NH 03057		CITY-ST-ZIP	Barre VT 05641	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DURHAM, GEORGE		NAME	Kathleen Wilson	
STREET ADDRESS	20 TATER ST		STREET ADDRESS	35 Barnes Road	
CITY-ST-ZIP	MONT VERNON, NH 03057		CITY-ST-ZIP	Montpelier VT 05602	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHAARSCHMIDT, MARI		NAME	Daniel Mandelkorn	
STREET ADDRESS	130 WEST SHORE DRIVE		STREET ADDRESS	3 Cobble Hill Meadows Road	
CITY-ST-ZIP	MONTPELIER, VT 05602		CITY-ST-ZIP	Barre VT 05641	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERS, JAMES		NAME		
STREET ADDRESS	TOWNE HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTPELIER, VT 05602		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roger Strauss</u> ROGER STRAUSS 3/17/05 (802) 229-9519					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					