

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012232

FILED
Apr 27, 2007
Secretary of State

Entity Name: LIFELONG LEARNING INSTITUTE, INC.

Current Principal Place of Business:

POST OFFICE BOX 510849
PORT CHARLOTTE, FL 339510849

New Principal Place of Business:

26300 AIRPORT ROAD
PUNTA GORDA, FL 33950

Current Mailing Address:

POST OFFICE BOX 510849
PORT CHARLOTTE, FL 339510849

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CRAIG DR.
632 BRINDISI COURT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, CRAIG
Address: 632 BRINDISI COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: V () Delete
Name: PIRNER, PHYLLIS
Address: 1710 JAMAICA WAY #203
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: JOHNSON, MARVIN
Address: 255 WEST END DRIVE #4303
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: WILSON, KEN
Address: 2002 BAL HARBOR #611
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: RYDER, JOANNE
Address: 26128 DUNEDIN COURT
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEROY, BONNIE
Address: 1179 BARBOUR AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T (X) Change () Addition
Name: CHAPMAN, ALBERT R
Address: 3221 WHITE IBIS CT, A2
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT R. CHAPMAN

T

04/27/2007

Electronic Signature of Signing Officer or Director

Date