

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006808

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** CENTER FOR CRITICAL THINKING, INC.

**Current Principal Place of Business:**

C/O KENNETH O'LEARY  
27499 RIVERVIEW CENTER BLVD SUITE 101  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KENNETH O'LEARY  
27499 RIVERVIEW CENTER BLVD SUITE 101  
BONITA SPRINGS, FL 34134

**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:**

O'LEARY, KENNETH  
27499 RIVERVIEW CENTER BLVD SUITE 101  
BONITA SPRINGS, FL 34134    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: DP  
Name: O'LEARY, KENNETH  
Address: 27499 RIVERVIEW CENTER BLVD #101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV  
Name: TURNER, BERNARD  
Address: 210 MOORINGLINE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: DT  
Name: FRIEND, FRANK  
Address: 7559 SAN MIGUEL WAY  
City-St-Zip: NAPLES, FL 34109

Title: DS  
Name: FRIEND, JEANMARIE H  
Address: 7559 SAN MIGUEL WAY  
City-St-Zip: NAPLES, FL 34109

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: KENNETH OLEARY

DP

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date