

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007335

Entity Name: THE CLEO INSTITUTE INC.

Current Principal Place of Business:

11000 RED ROAD
PINECREST, FL 33156

Current Mailing Address:

11000 RED ROAD
PINECREST, FL 33156 US

FEI Number: 27-3185735

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 OTHER
Name LEWIS, CAROLINE
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title PRESIDENT
Name FACELLA, MARIO
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OTHER
Name LEVERETT, LYNN DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name WANLESS, HAROLD PHD
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title VP
Name SORENSON, KATY
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name HOROWITZ, CARA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name HOROWITZ, BERNARD DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

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: KARINA CASTILLO

**DIRECTOR OR
PROGRAMS**

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date