

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009105

Entity Name: LEARNING INDEPENDENCE FOR TOMORROW, INC.**Current Principal Place of Business:**13400 PARK BLVD
SEMINOLE, FL 33776**Current Mailing Address:**13400 PARK BOULEVARD
SEMINOLE, FL 33776 US**FEI Number:** 46-1088977**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KURUZOVICH, KIM
13400 PARK BOULEVARD
SEMINOLE, FL 33776 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:** KIM KURUZOVICH

04/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name MONDELLO, KELI
Address 402 BATH CLUB BLVD S
City-State-Zip: N. REDINGTON BEACH FL 33708

Title PRESIDENT
Name KURUZOVICH, KIM
Address 1486 54TH AVE NE
City-State-Zip: ST PETERSBURG FL 33703

Title TREASURER
Name WILLIAMSON, DEBBIE KRAUJALIS
Address 1201 81ST STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33707

Title OFFICER
Name MONDELLO, MICHAEL
Address 18128 COURTNEY BREEZE DR.
City-State-Zip: TAMPA FL 33647

Title SECRETARY
Name FAULKNER, LORIE
Address 3110 WEDGEWOOD DR.
City-State-Zip: BELLEAIR BEACH FL 33786

Title OFFICER
Name GRANGER, ELLIAD
Address 6004 NATIVE WOODS DR.
City-State-Zip: TAMPA FL 33625

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: LORIE FAULKNER**SECRETARY**

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date