2016 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

Title

Name

Address

Address

City-State-Zip:

## Name and Address of Current Registered Agent:

LEARNING INDEPENDENCE FOR TOMORROW, INC. 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			02/10/2016
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	CHAIRMAN	Title	EXECUTIVE DIRECTOR	
Name	MONDELLO, KELI	Name	KURUZOVICH, KIM	
Address	402 BATH CLUB BLVD S	Address	1486 54TH AVE NE	
City-State-Zip:	N. REDINGTON BEACH FL 33708	City-State-Zip:	ST PETERSBURG FL 33703	
Title	TREASURER	Title	DIRECTOR	
Name	WILLIAMSON, DEBBIE KRAUJALIS	Name	MONDELLO, MICHAEL	

City-State-Zip:	BELLEAIR BEACH FL 33786
Title	DIRECTOR
Name	RICH, MATTHEW
Address	1801 13TH STREET, SUITE 100
City-State-Zip:	BOULDER CO 80302

SECRETARY FAULKNER, LORIE

1201 81ST STREET SOUTH

ST. PETERSBURG FL 33707

3110 WEDGEWOOD DR.

Title	DIRECTOR
Name	MONDELLO, MICHAEL
Address	18128 COURTNEY BREEZE DR.
City-State-Zip:	TAMPA FL 33647
Title	DIRECTOR
Title Name	DIRECTOR GRANGER, ELLIAD
Name Address	GRANGER, ELLIAD
Name Address	GRANGER, ELLIAD 6004 NATIVE WOODS DR.
Name Address	GRANGER, ELLIAD 6004 NATIVE WOODS DR.

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 L FAULKNER

SECRETARY

02/10/2016 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2016 Secretary of State CC6954909464

Certificate of Status Desired: No