

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008579

**Entity Name:** THE ELEUTHERIA INSTITUTE, INC.

**Current Principal Place of Business:**

18131 PARKRIDGE COURT  
FORT MYERS, FL 33908

**Current Mailing Address:**

18131 PARKRIDGE COURT  
FORT MYERS, FL 33908

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

R & A AGENTS, INC.  
850 PARK SHORE DRIVE  
TRIANON CENTER --- 3RD FLOOR  
NAPLES, FL 34103 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           | DIR  |
| Name            | HOBBS, BRADLEY K                             |
| Address         | 18131 PARKRIDGE COURT                        |
| City-State-Zip: | FORT MYERS FL 33908                          |
| Title           | DIR  |
| Name            | YASHKO, MICHAEL S                            |
| Address         | C/O ROETZEL&ANDRESS, 850 PARK<br>SHORE DRIVE |
| City-State-Zip: | NAPLES FL 34103                              |

|                 |  |
|-----------------|--|
| Title           | DIR  |
| Name            | CENDES, ZOLTAN T                             |
| Address         | C/O ROETZEL&ANDRESS, 850 PARK<br>SHORE DRIVE |
| City-State-Zip: | NAPLES FL 34103                              |

*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: MICHAEL S. YASHKO**

**DIR**

**01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date