

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009988

**Entity Name:** ADVANCED ORTHOGONAL INSTITUTE, INC.

**Current Principal Place of Business:**

2201 62ND AVE N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

2201 62ND AVE N  
ST. PETERSBURG, FL 33702 US

**FEI Number: 47-2166489**

**Certificate of Status Desired: No**

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

SCHAR, NICHOLAS H  
6029 ROLLING VISTA LOOP  
DOVER, FL 33527 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: NICHOLAS H SCHAR**

**01/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name PIERCE, G. STANFORD SR.  
Address 2201 62ND AVE N  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FOWLER, JEFFREY  
Address 108 W HIGHLAND BLVD  
City-State-Zip: INVERNESS FL 34452

Title TREASURER  
Name SCHAR, NICHOLAS  
Address 9280 BAY PLAZA BLVD  
STE. 725  
City-State-Zip: TAMPA FL 33619

Title D  
Name SCHLINGER, CHRIS  
Address 9280 BAY PLAZA BLVD  
STE 725  
City-State-Zip: TAMPA FL 33619

Title SECRETARY  
Name LYTER, KEVIN  
Address 1720 S 72ND ST  
City-State-Zip: TACOMA WA 98408

Title D  
Name COLLINS, CHRIS  
Address 412 SE OSCEOLA ST.  
City-State-Zip: STUART FL 34994

Title D  
Name ATKINS, PETER  
Address 2621 70TH AVE W  
City-State-Zip: TACOMA WA 98466

*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: NICHOLAS SCHAR**

**TREASURER**

**01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date