2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # 719890 LTURE INSTITUTE OF FLO	PRIDA, INC.	. •			01-26-2005	90009 042	2 ****7	0.00
Principal Place of Business 2429 LEGACY LAKE DRIVE MAITLAND, FL 32751 US		Mailing Address PO BOX 940625 MAITLAND, FL 32794 US				1000670	9		
2. Principal Place of Business		3. Mailing Address]				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-1381	461			oplied For ot Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate o	Status Desired		3.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			
HEMPHILL, ROD				Name DON POUCHER					
5700 SW 34TH ST GAINESVILLE, FL 32608				Street Address (P.O. Box Number is Not Acceptable) G-031 McCarty Hall					
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	•			City Ga 1	inesville		FL	Zip Code 3 2 6 1 1	-0135
the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistere	d office or registe	red agent, or both	in the State of Flo	rida. I am farr	niliar with,	and accept
SIGNATURE	Stoneture, typed or pristed name of registered agent	and title if spolicable. (NOTE:	Registered	Agent signature requires	d when reinstating)	1	DATE		
SIGNATURE	Signature, typed or physical name of registered agent with the second of	and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Fi		\$5.00 May Be Added to Fees		DATE ake check p		
SIGNATURE		9. Election Camp Trust Fund Co	paign Fi	nancing on.	\$5.00 May Be Added to Fees	Flori	ake check p ida Departm	ent of St	late -
	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Fi	nancing on.	\$5.00 May Be Added to Fees		ake check p ida Departmi	ent of St	late -
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

Du Pacelle Don Po

Don Poucher

January 13, 2005 (352) 392-0487

Daytime Phone #