


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90039 037 ****61.25

DOCUMENT # 816350	
1. Entity Name INSTITUTE OF CHARITY, INC.	

Principal Place of Business 2327 W. HEADING AVE. PEORIA, IL 61604	Mailing Address 2327 W. HEADING AVE. PEORIA, IL 61604
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FFI Number 59-2292051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GORDON, KEV. JAMES, I.C. 11582 68TH AVE. N. SEMINOLE, FL 33542	DO NOT WRITE IN THIS SPACE
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7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND TITLE # ADDRESS(ES) (NOTE: Registered Agent signature required when required) DATE:

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, CHRISTOPHER 4450 C.R. 579 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, WILLIAM 2327 W HEADING AVE PEORIA, IL 61604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STIENE, PAUL FR. I.C. 2327 W. HEADING AVE. PEORIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William T. Miller</u> WILLIAM T. MILLER	1-28-08 (309) 676-6341
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>