

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834018

FILED
Mar 24, 2008
Secretary of State

Entity Name: INSTITUTE IN BASIC LIFE PRINCIPLES, INC.

Current Principal Place of Business:

BOX ONE
OAK BROOK, IL 605223001

New Principal Place of Business:

Current Mailing Address:

BOX ONE
OAK BROOK, IL 605223001

New Mailing Address:

FEI Number: 36-6108515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BORING, BILLY MD
Address: 2021 HILLCREST CT
City-St-Zip: MC KINNEY, TX 75070

Title: PD () Delete
Name: GOTHARD, WILLIAM JR.
Address: 1027 ARLINGTON
City-St-Zip: LAGRANGE, IL

Title: DS () Delete
Name: BLACKWOOD, ROY
Address: 1175 PRINCETON PLACE
City-St-Zip: ZIONSVILLE, IN

Title: D () Delete
Name: JOHNSON, SAM
Address: 2929 N. CENTRAL EXEC., STE 240
City-St-Zip: RICHARDSON, TX 75080

Title: T () Delete
Name: FREDRICKSON, DWIGHT
Address: 10 CHEVAL DR.
City-St-Zip: OAK BROOK, IL 60523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GOTHARD, WILLIAM JR.
Address: 1027 ARLINGTON
City-St-Zip: LAGRANGE, IL 60525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HUDGENS, RALPH
Address: 6509 HWY 106 S.
City-St-Zip: HULL, GA 30646

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DWIGHT M. FREDRICKSON

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03/24/2008

Electronic Signature of Signing Officer or Director

Date