

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003884

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: EDEN INSTITUTE INC.

## Current Principal Place of Business:

1 EDEN WAY  
PRINCETON, NJ 08540

## New Principal Place of Business:

## Current Mailing Address:

24860 BURNT PINE DRIVE  
BLDG 6  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 22-2069597      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOOL, THOMAS P  
EDEN FLORIDA  
13631 LEARNING COURT  
FORT MYERS, FL 33919 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: C ( ) Delete  
Name: HUMES, ROBERT  
Address: 7 CONGRESSIONAL COURT  
City-St-Zip: SKILLMAN, NJ 08558 US

Title: VC ( ) Delete  
Name: HUNTER, CAROL  
Address: 1 DELTA DRIVE  
City-St-Zip: OCEAN, NJ 07712 US

Title: VC ( ) Delete  
Name: WALKER, THOMAS  
Address: 3 STATE PARK COURT  
City-St-Zip: GOULDSBORO, PA 18424 US

Title: TR ( ) Delete  
Name: VANLEEUEWEN, KENNETH  
Address: 13 DEER PATH  
City-St-Zip: GLADSTONE, NJ 07934 US

Title: S ( ) Delete  
Name: ANDORS, LEON  
Address: 19 RACE STREET  
City-St-Zip: PITTSTOWN, NJ 08867 US

Title: PD ( ) Delete  
Name: MC COOL, THOMAS P  
Address: 1 EDEN WAY  
City-St-Zip: PRINCETON, NJ 08540 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DR. THOMAS P. MCCOOL

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date