


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90077 039 \*\*\*\*61.25

<b>DOCUMENT # F99000005707</b> 1. Entity Name <b>INCHARGE INSTITUTE OF AMERICA, INC.</b>					
Principal Place of Business <b>2101 PARK CENTER DRIVE, SUITE 300 ORLANDO, FL 32835 US</b>			Mailing Address <b>2101 PARK CENTER DRIVE, SUITE 300 ORLANDO, FL 32835 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>52-2196183</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARRETT, ROBERT J</b> <b>2101 PARK CENTER DR., STE. 300</b> <b>ORLANDO, FL 32835</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <b>Alberto M</b> <b>2101 Park Center Dr, Ste 300</b> <b>Orlando, FL 32835</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>MONEY, ETTA W</b> <b>2101 PARK CENTER DR., STE 300</b> <b>ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <b>Money, Etta W.</b> <b>2101 Park Center Dr, Ste 300</b> <b>Orlando, FL 32835</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARRIS, JAMES E</b> <b>5440 KERGER RD.</b> <b>ELLICOTT CITY, MD 21043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <b>Malseed, William R</b> <b>2101 Park Center Dr., Ste 300</b> <b>Orlando, FL 32835</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAYELLI, DANIEL M</b> <b>9457 COPENHAVER DR</b> <b>POTOMAC, MD 20854</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANDERSON, RICHARD F PH.D.</b> <b>1704 CLOVELLY COURT</b> <b>VIENNA, VA 22182</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RITZER, LONNIE M</b> <b>36 SOUTH CHARLES ST., 20TH FLR.</b> <b>BALTIMORE, MD 21201</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Etta W. Money</i>			Date <b>4/28/08</b> Daytime Phone # <b>407-532-5500</b>		

ATTACHMENT  
40088312  
#F99000005707  
ATTACHMENT

**Names and respective addresses of Officers and Trustees are:**

**Officers:**

Etta W. Money, President  
2101 Park Center Drive, Suite 300, Orlando, FL 32835

William R. Malseed, Treasurer  
2101 Park Center Drive, Suite 300, Orlando, FL 32835

Alberto M. Duarte, Secretary  
2101 Park Center Drive, Suite 300, Orlando, FL 32835

**Board of Trustees of InCharge Institute of America, Inc:**

James E. Harris, Trustee  
5440 Kerger Rd, Ellicott City, MD 21043

Lonnie M. Ritzer, Trustee  
36 South Charles St. 20<sup>th</sup> Floor, Baltimore, MD 21201

Norris W. Overton, Trustee  
7608 Timberly Court, McLean, VA 22102

Peter W. Kennedy, Trustee  
7316 Wisconsin Ave Suite 400 Bethesda, MD 20814

Richard F. Anderson, Trustee  
1704 Clovelly Court, Vienna, VA 22182

Robert L. Ruiz, Trustee  
69 W. Washington, Suite 700, Chicago, IL 60602

Susan S. Miller, Trustee  
Asbury Park Apartments  
5333 SW 7th St., apt. 84, Gainesville, FL 32608

Don W. Stevenson, Trustee  
1141 Mission Ridge Court  
Orlando, FL 32835