

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005707

FILED
Apr 16, 2009
Secretary of State

Entity Name: INCHARGE INSTITUTE OF AMERICA, INC.

Current Principal Place of Business:

2101 PARK CENTER DRIVE, SUITE 300
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

2101 PARK CENTER DRIVE, SUITE 300
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 52-2196183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: S () Delete
Name: DUARTE, ALBERTO M
Address: 2101 PARK CENTER DR, STE. 300
City-St-Zip: ORLANDO, FL 32835 US

Title: P () Delete
Name: MONEY, ETTA W
Address: 2101 PARK CENTER DR, STE. 300
City-St-Zip: ORLANDO, FL 32835 US

Title: T () Delete
Name: MALSEAD, WILLIAM R
Address: 2101 PARK CENTER DR, STE. 300
City-St-Zip: ORLANDO, FL 32835 US

Title: T () Delete
Name: CAYELLI, DANIEL M
Address: 9457 COPENHAVER DR
City-St-Zip: POTOMAC, MD 20854 US

Title: T () Delete
Name: ANDERSON, RICHARD F PH.D.
Address: 1704 CLOVELLY COURT
City-St-Zip: VIENNA, VA 22182 US

Title: T () Delete
Name: RITZER, LONNIE M
Address: 36 SOUTH CHARLES ST., 20TH FLR.
City-St-Zip: BALTIMORE, MD 21201 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: T (X) Change () Addition
Name: OVERTON, NORRIS W
Address: 7608 TIMBERLY COURT
City-St-Zip: MCLEAN, VA 22102 US

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: ETTA W. MONEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date