FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43939** **(1)**

1. Corporate Name
INSTITUTE FOR CREATIVE LIVING, INC.

Principal Place of Business
6793 W NEWBERRY RD #305
GAINESVILLE FL 32605
US

Mailing Address
6793 W NEWBERRY RD #305
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/29/1986	06/28/1994

2. Principal Place of Business — 21: Same
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: County — 30:

4. FEI Number: **59-2757587** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *The corporation has liability for amounts due under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DOW, JEFFREY L.
6793 W NEWBERRY RD #305
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: JA

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TYPE	PD	1 TYPE	☐ Change ☐ Addition
1 NAME	DOW, JEFFREY L.	1 NAME	
1 STREET ADDRESS	6793 W NEWBERRY RD #305	1 STREET ADDRESS	
1 CITY ST ZIP	GAINESVILLE FL	1 CITY ST ZIP	
2 TYPE	STD	2 TYPE	☐ Change ☐ Addition
2 NAME	DOW, MARTY V.	2 NAME	
2 STREET ADDRESS	6793 W NEWBERRY RD #305	2 STREET ADDRESS	
2 CITY ST ZIP	GAINESVILLE FL	2 CITY ST ZIP	
3 TYPE		3 TYPE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TYPE		4 TYPE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TYPE		5 TYPE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TYPE		6 TYPE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

FEI # 59-2757586

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