

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 22, 2009
Secretary of State**

DOCUMENT# N01000006725

Entity Name: HOSPITALITY & TOURISM INSTITUTE, INC.

Current Principal Place of Business:

2142 PINK FLAMINGO LANE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13564
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3747171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RIEDEL, ROBERT A
2142 PINK FLAMINGO LANE
TALLAHASSEE, FL 32308 US

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: EDPC () Delete
Name: RIEDEL, ROBERT A
Address: 1 CHAMPIONS WAY
City-St-Zip: TALLAHASSEE, FL 323062541

Title: ST () Delete
Name: RIEDEL, ANNA JOHNSON
Address: 2142 PINK FLAMINGO LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT A. RIEDEL

EDPC

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date