

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004467

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SIMPLE LIVING INSTITUTE, INC.

## Current Principal Place of Business:

2517 E WASHINGTON ST  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

2517 E WASHINGTON ST  
ORLANDO, FL 32803

## New Mailing Address:

FEI Number: 82-0551617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHOCKLEY, LAINA M  
2517 E WASHINGTON ST  
ORLANDO, FL 32803      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: MEER, TIARE F  
Address: 10001 CREEKWATER BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: VC      ( ) Delete  
Name: MULLIGAN, MARK  
Address: 975 SEQUOIA DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D      ( ) Delete  
Name: MELENDY, AMBER  
Address: 3207 ANDERSON DR.  
City-St-Zip: ORLANDO, FL 32806

Title: T      ( ) Delete  
Name: SHOCKLEY, LAINA M  
Address: 2517 E WASHINGTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: S      ( ) Delete  
Name: DOUGHER, SHAYLA  
Address: 221 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: D      ( ) Delete  
Name: SILVASY, SHIRLEY  
Address: 10001 CREEKWATER BLVD  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C      (X) Change ( ) Addition  
Name: MEER, TIARE F  
Address: 16206 HAMILTON DR  
City-St-Zip: ORLANDO, FL 32833

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: D      (X) Change ( ) Addition  
Name: DOUGHER, SHAYLA  
Address: 221 WHITESAND CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: S      (X) Change ( ) Addition  
Name: SILVASY, SHIRLEY  
Address: 10001 CREEKWATER BLVD  
City-St-Zip: ORLANDO, FL 32825

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: LAINA M SHOCKLEY

T

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date