

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007001

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** AMERICAN FINANCIAL INSTITUTE, INC., A FLORIDA NOT-FOR-PROFIT CORPORATION

**Current Principal Place of Business:**

2415 OLD ST AUGUSTINE RD  
#1124  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

14482 S.W. 113TH STREET  
MIAMI, FL 33186 US

**Current Mailing Address:**

PO BOX 4046  
TALLAHASSEE, FL 32315

**New Mailing Address:**

14482 S.W. 113TH STREET  
MIAMI, FL 33186

**FEI Number:** 90-0065542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAWRENCE, KARL G  
2415 OLD ST AUGUSTINE RD  
#1124  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

LAWRENCE, KARL G  
14482 S.W. 113TH STREET  
MIAMI, FL 33186 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: \_\_\_\_\_

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEOC ( ) Delete  
Name: LAWRENCE, KARL G DR.  
Address: 2415 OLD ST AUGUSTINE RD  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD ( ) Delete  
Name: PURKISS, FIONA H CPA  
Address: 14482 SW 113TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: PURKISS, MERLENE  
Address: 14482 SW 113TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: VC ( ) Delete  
Name: BATES, IRA W DR  
Address: 7882 RAEI COURT  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOC (X) Change ( ) Addition  
Name: LAWRENCE, KARL G DR.  
Address: 14482 S.W. 113TH STREET  
City-St-Zip: MIAMI, FL 33186 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: DR. KARL G. LAWRENCE

CEOC

04/27/2005

Electronic Signature of Signing Officer or Director

Date