# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001153

Entity Name: THE COREY SIMON SUCCESS CENTER, INC.

FILED Jul 07, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4623 STRATFORD ROAD 1318 IDLEWILD DRIVE FT WAYNE, IN 46807 TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

4623 STRATFORD ROAD 1318 IDLEWILD DRIVE FT WAYNE, IN 46807 TALLAHASSEE, FL 32311

FEI Number: 32-0061186 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:

SIMON, COREY 9010 WINGED FOOT DR TALLAHASSEE, FL 32312 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:

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### Electronic Signature of Registered Agent

#### Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

Title: MR (X) Change ( ) Addition

 Title:
 CD () Delete
 Title:
 MR (X) Change (

 Name:
 SIMON, COREY
 Name:
 SIMON, COREY

 Address:
 4623 STRATFORD ROAD
 Address:
 9010 WINGED FOOT DR

 City-St-Zip:
 FT WAYNE, IN 46807
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D ( ) Delete Title: MRS (X) Change ( ) Addition Name: SIMON, NATASHA Name: SIMON, NATASHA Address: 4623 STRATFORD ROAD Address: 9010 WINGFD FOOT DR

Address: 4623 STRATFORD ROAD Address: 9010 WINGED FOOT DR
City-St-Zip: FT WAYNE, IN 46807 City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete Title: MR (X) Change ( ) Addition

 Name:
 TURNER, SHARON
 Name:
 MOISE, MARVIN

 Address:
 4623 STRATFORD ROAD
 Address:
 1318 IDLEWILD DRIVE

 City-St-Zip:
 FT WAYNE, IN 46807
 City-St-Zip:
 TALLAHASSEE, FL 32311

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: MARVIN MOISE D 07/07/2008