

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009126

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE INSTITUTE FOR LIFE-LONG LEARNING & WORKFORCE INNOVATION OF FLORIDA, INC.

Current Principal Place of Business:

1363 CASTELNAU CT
SUITE 3
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1363 CASTELNAU CT
SUITE 3
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 56-2410521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, TONY D
609 NW 8TH AVE
POMPANO BEACH, FL 330605829 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: CEO () Delete
Name: JOHNSON, TONY D
Address: 1363 CASTELNAU CT SUITE 3
City-St-Zip: TALLAHASSEE, FL 32301

Title: COO () Delete
Name: LAMPKIN, LATARA MA
Address: 44 APPELYARD DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BANKS, ERIC MA
Address: 9152 SEAFAIR LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: DOSTER, JENNIFER BS
Address: 704 NW 8TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: SMALL, CHRISTOPHER L
Address: 1363 CASTELNAU CT., SUITE 3
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CHESTNUT, CHRISTOPHER BS
Address: 412 S BANKS ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: TONY D. JOHNSON

CEO

04/27/2005

Electronic Signature of Signing Officer or Director

Date