

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004732

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** PUBLIC POLICY INSTITUTE, INC.

**Current Principal Place of Business:**

525 OKEECHOBEE BOULEVARD  
SUITE 1668  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

525 OKEECHOBEE BOULEVARD  
SUITE 1668  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GOODMAN, JUDITH B ESQ.  
525 OKEECHOBEE BOULEVARD  
SUITE 1668  
WEST PALM BEACH, FL 33401 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: MS.  
Name: GOODMAN, JUDITH B  
Address: 525 OKEECHOBEE BOULEVARD SUITE 1668  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MS.  
Name: GRANT, LOUISE P  
Address: 1111 LAKESHORE DRIVE  
City-St-Zip: JUPITER, FL 33458 US

Title: MR.  
Name: GOODMAN, JOSHUA M  
Address: 1919 BILTMORE STREET NW #4  
City-St-Zip: WASHINGTON, DC 20009 US

I hereby 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 all other like empowered.

**SIGNATURE:** JUDITH B. GOODMAN

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01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date