

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012232

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** LIFELONG LEARNING INSTITUTE, INC.

**Current Principal Place of Business:**

26300 AIRPORT ROAD  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 510849  
PUNTA GORDA, FL 339510849

**New Mailing Address:**

**FEI Number:** 20-3927007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPMAN, ALBERT R  
101 GOLD TREE  
PUNTA GORDA, FL 33955 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:** P  
**Name:** KATZ, TODD  
**Address:** PO BOX 511808  
**City-St-Zip:** PUNTA GORDA, FL 33951

**Title:** V  
**Name:** HAMMAMI, HASAN  
**Address:** 5070 LACOSTA ISLAND CIRCLE  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** S  
**Name:** THOMAS, JOANN  
**Address:** 233 WEST TARPON BLVD.  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** T  
**Name:** CHAPMAN, ALBERT R  
**Address:** 101 GOLD TREE  
**City-St-Zip:** PUNTA GORDA, FL 33955

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:** ALBERT R CHAPMAN

T

02/09/2012

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

\_\_\_\_\_  
Date