# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# N06000006467

**Entity Name:** THE INSTITUTE OF LIFE AND LEARNING, INCORPORATED

**Current Principal Place of Business:**

9501 WOODLAND RIDGE RD
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

9501 WOODLAND RIDGE RD
TAMPA, FL 33637

**New Mailing Address:**

**FEI Number: 20-5175529** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

BROOKINS, SIMONE
9501 WOODLAND RIDGE RD
TAMPA, FL 33637 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: CEOP ( ) Delete
Name: BROOKINS, SIMONE
Address: 9501 WOODLAND RIDGE RD
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete
Name: BROOKINS, BETTY
Address: 9501 WOODLAND RIDGE RD
City-St-Zip: TAMPA, FL 33637

Title: T ( ) Delete
Name: BROOKINS, SAMUEL
Address: 9501 WOODLAND RIDGE RD
City-St-Zip: TAMPA, FL 33637

**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:

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: SIMONE J. BROOKINS CEOP 05/01/2009

Electronic Signature of Signing Officer or Director — Date