

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003295

FILED
Apr 18, 2009
Secretary of State

Entity Name: INSTITUTE FOR FAMILY LEARNING INC.

Current Principal Place of Business:

8245 CRESSIDA COURT
LAND O'LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

8245 CRESSIDA COURT
LAND O'LAKES, FL 34637

New Mailing Address:

FEI Number: 26-2713523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE, AMANDA
8245 CRESSIDA COURT
LAND O'LAKES, FL 34637 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: DP () Delete
Name: MASON, MARIE
Address: 8245 CRESSIDA COURT
City-St-Zip: LAND O'LAKES, FL 34637

Title: DVP () Delete
Name: EAGLE, AMANDA
Address: 8245 CRESSIDA COURT
City-St-Zip: LAND O'LAKES, FL 34637

Title: DS () Delete
Name: GREENE, ANGEL
Address: 3603 MACHADO STREET
City-St-Zip: TAMPA, FL 33605

Title: DT () Delete
Name: NELSON, TREVOR
Address: 2420 W BRANDON BLVD 109
City-St-Zip: BRANDON, FL 33511

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:

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: MARIE D MASON

DP

04/18/2009

Electronic Signature of Signing Officer or Director

Date