

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008515

FILED
Apr 27, 2009
Secretary of State

Entity Name: INSTITUTE OF POSITIVE LIVING, INC.

Current Principal Place of Business:

519 MAR NAN MAR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 121104
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-3223011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMB, HOPE H
519 MAR NAN MAR
CLERMONT, FL 34711 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: D () Delete
Name: LAMB, HOPE H
Address: 519 MAR NAN MAR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: STOCKTON, LOUISE
Address: 478 WEST LAKESHORE DR.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CARTER, TINA
Address: PO BOX 120755
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: BOWMAN, BOB
Address: PO BOX 120772
City-St-Zip: CLERMONT, FL 34712

Title: D () Delete
Name: FLOWERS, JANICE
Address: 142 CRYSTAL LAKE DR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYLES, PATRICIA A
Address: 6711 NORTH STREET
City-St-Zip: GROVELAND, FL 34736

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BETKO, MARIE
Address: 1156 SEMINOLE STREET
City-St-Zip: CLERMONT, FL 34711

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: HOPE H. LAMB

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date