

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 22, 2011
Secretary of State

DOCUMENT# N08000008515

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

Title: D
Name: LYLES, PATRICIA A
Address: 6711 NORTH STREET
City-St-Zip: GROVELAND, FL 34736

Title: D
Name: BETKO, MARIE
Address: 1156 SEMINOLE STREET
City-St-Zip: CLERMONT, FL 34711

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

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: HOPE H. LAMB

PRES

08/22/2011

Electronic Signature of Signing Officer or Director

Date