

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001122

FILED
Apr 23, 2012
Secretary of State

Entity Name: DR JANET FLOWERS RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

76 WAYNEL CIRCLE SE
FT WALTON BEACH, FL 32548

New Principal Place of Business:

112 BELAIRE DRIVE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

76 WAYNEL CIRCLE SE
FT WALTON BEACH, FL 32548

New Mailing Address:

112 BELAIRE DRIVE
PANAMA CITY BEACH, FL 32413

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

Name and Address of Current Registered Agent:

FULLER, FRANK
76 WAYNEL CIRCLE SE
FT WALTON BEACH, FL 32548 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: HOLMES, SECRET
Address: 106 TREASURE PALM DR.
City-St-Zip: PANAMA CITY, FL 32408

Title: D
Name: JACKSON, WANDA
Address: 232 BAYSHORE DR.
City-St-Zip: FREEPORT, FL 32439

Title: D
Name: FARRINGTON, ELAINE
Address: 312 GRAND OAKS DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: FLOWERS, JENNIFER
Address: 15 RUCKEL DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: FLOWERS, BETTY
Address: 915 JASON DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: FRANK FULLER

AGEN

04/23/2012

Electronic Signature of Signing Officer or Director

Date