

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008209

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** EVOLUTION INSTITUTE, INC.

**Current Principal Place of Business:**

6833 QUAIL HOLLOW BLVD.  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

6833 QUAIL HOLLOW BLVD.  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

**FEI Number:** 27-3353656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIEBERMAN, JEROME PHD  
6833 QUAIL HOLLOW BLVD.  
WESLEY CHAPEL, FL 33544 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:** WILSON, DAVID S PHD  
**Address:** 47 MORGAN RD.  
**City-St-Zip:** BINGHAMTON, NY 13903 US

**Title:** D  
**Name:** TURCHIN, PETER PHD  
**Address:** 209 TOWER HILL RD.  
**City-St-Zip:** CHAPLIN, CT 06235 US

**Title:** D  
**Name:** LIEBERMAN, JEROME PHD  
**Address:** 6833 QUAIL HOLLOW BLVD.  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** JEROME LIEBERMAN

DIR.

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date