

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008829

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** THE INSTITUTE FOR PUBLIC EDUCATION, INC.

**Current Principal Place of Business:**

524 SHERBURN COURT  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 782054  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 27-3490157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABOY, WILFREDO T  
524 SHERBURN COURT  
ORLANDO, FL 32828 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:** PRES  
**Name:** LABOY, WILFREDO T  
**Address:** 524 SHERBURN COURT  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** VP  
**Name:** LABOY, MARGARITA  
**Address:** 524 SHERBURN COURT  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** SEC  
**Name:** JIMENEZ, LUIS  
**Address:** 524 SHERBURN COURT  
**City-St-Zip:** ORLANDO, FL 32828 US

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:** WILFREDO T. LABOY

PRES

02/08/2012

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

\_\_\_\_\_  
Date