

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

DOCUMENT# N10000010412

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** THE GENEVAN INSTITUTE FOR REFORMED STUDIES, INC.

**Current Principal Place of Business:**

8245 PARKWOOD BLVD  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8245 PARKWOOD BLVD  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 27-3994608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURRIDGE, ROBERT N JR  
8245 PARKWOOD BLVD  
SEMINOLE, FL 33777 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: DT  
Name: BURRIDGE, ROBERT JR  
Address: 8245 PARKWOOD BLVD  
City-St-Zip: SEMINOLE, FL 33777

Title: DS  
Name: BURRIDGE, BRIAN N  
Address: 2916 ST JOHN DR  
City-St-Zip: CLEARWATER, FL 33759

Title: D  
Name: BROWN, TOM  
Address: 10999 74TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

Title: D  
Name: REUMANN, RICK  
Address: 316 CROSSWINDS DR  
City-St-Zip: PALM HARBOR, FL 34683

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:** ROBERT BURRIDGE JR.

DT

02/18/2012

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

\_\_\_\_\_  
Date