

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

DOCUMENT# N10000010534

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SKY INSTITUTE + FOUNDATION FOR SUSTAINABLE FUTURE, INC.

**Current Principal Place of Business:**

902 LADIES STREET  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

902 LADIES STREET  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

**FEI Number:** 27-3940278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAX CO.  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 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: LYONS, GILBERT B JR.  
Address: 157 WILSON DRIVE  
City-St-Zip: LANCASTER, PA 17603

Title: D  
Name: SANFORD, JULIA S  
Address: 902 LADIES STREET  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D  
Name: CHAPMAN, ROBERT L  
Address: 410 WEST GEER STREET  
City-St-Zip: DURHAM, NC 27701

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: GILBERT B LYONS JR

D

04/27/2011

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

\_\_\_\_\_  
Date