## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000009333

Entity Name: ERIPIO INSTITUTE INC.

FILED May 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1136 CASTLEWOOD TERRACE 1136 CASTLEWOOD TERRACE

#314 #314

CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 UN

Current Mailing Address: New Mailing Address:

1136 CASTLEWOOD TERRACE 1136 CASTLEWOOD TERRACE NO. 314 #314

NO. 314 #314 CASSELBERRY, FL 32707 #32707 CASSELBERRY, FL 32707

FEI Number: 45-4917522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WATSON, BAHIYYIH D 1136 CASTLEWOOD TERRACE NO. 314 CASSELBERRY, FL 32707 US

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: VP

Name: FEYIJINMI, MARY MS. Address: 66 ST. PAULS PLACE City-St-Zip: BROOKLYN, NY 11226

Title: TR

 Name:
 WALZ, JONATHAN R DR.

 Address:
 1000 HOLT AVENUE NO. 2761

 City-St-Zip:
 WINTER PARK, FL 32789

Title: SEC

Name: JEFFERY, LYN DR.

Address: 124 UNIVERSITY AVE, PALO ALTO

City-St-Zip: PALO ALTO, CA 94301

Title: F

Name: WATSON, BAHIYYIH D DR.

Address: 1136 CASTLEWOOD TERRACE NO. 314

City-St-Zip: CASSELBERRY, FL 32707

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: BAHIYYIH WATSON RA 05/10/2012