

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011455

FILED
Jan 30, 2012
Secretary of State

Entity Name: OAKTREE INSTITUTE, INC.

Current Principal Place of Business:

6606 HARNEY RD, SUITE H
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P O BOX 290142
TAMPA, FL 33687

New Mailing Address:

FEI Number: 45-4030919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABOUZIED, AMR
10333 MILLPORT DR
TAMPA, FL 33626 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: ABOUZIED, AMR
Address: 10333 MILLPORT DR
City-St-Zip: TAMPA, FL 33626

Title: D
Name: MORSY, AMR
Address: 75 ALDER DR
City-St-Zip: WAYNE, NJ 07470

Title: D
Name: HASSABALLA, DALIA
Address: 636 N 4TH AVENUE
City-St-Zip: ADDISON, IL 60106

Title: O
Name: OSMAN, MOHAMED
Address: 10797 GARDEN RIDGE COURT
City-St-Zip: DAVIE, FL 33328

Title: O
Name: AHMED ABOBAKER MOHAMED
Address: P O BOX 1430
City-St-Zip: LYNN HAVEN, FL 32444

Title: O
Name: MOHAMED, HAYTHAM
Address: 59 N QUINSIGAMOND AVENUE
City-St-Zip: SHREWSBURY, MA 01545

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: AMR ABOUZIED

D

01/30/2012

Electronic Signature of Signing Officer or Director

Date