

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

DOCUMENT# N15634

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** INSTITUTE FOR HOLISTIC EDUCATION, INC.

**Current Principal Place of Business:**

2922 NW 104 CT  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2922 NW 104 CT  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 59-2635908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSBY, WALTER A.  
1403 NORMAN HALL  
GAINESVILLE, FL 32611 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:** BAUR, ED  
**Address:** 222 SW 36TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL

**Title:** COD  
**Name:** BUSBY, WALTER  
**Address:** 1403 NORMAN HALL  
**City-St-Zip:** GAINESVILLE, FL

**Title:** DS  
**Name:** OAKLAND, THOMAS DR  
**Address:** 1921 SW 8TH DR  
**City-St-Zip:** GAINESVILLE, FL 32601

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:** WALTER A BUSBY

COD

01/05/2011

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

\_\_\_\_\_  
Date