

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38123

FILED  
Mar 20, 2006  
Secretary of State

**Entity Name:** CLAUDE PEPPER INSTITUTE FOR AGING AND THERAPEUTIC RESEARCH, INC.

**Current Principal Place of Business:**

FINANCIAL AFFAIRS OFFICE  
150 W UNIVERSITY BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

FLORIDA INSTITUTE OF TECHNOLOGY, INC.  
150 W UNIVERSITY BLVD  
MELBOURNE, FL 32901

**Current Mailing Address:**

150 W UNIVERSITY BLVD.  
FINANCIAL AFFAIRS  
MELBOURNE, FL 329016988

**New Mailing Address:**

**FEI Number:** 59-3130907      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ARMUL, JOSEPH J  
150 W. UNIVERSITY BLVD.  
MELBOURNE, FL 32901      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: T      ( ) Delete  
Name: ARMUL, JOSEPH J  
Address: 150 W. UNIVERSITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: PD      ( ) Delete  
Name: CATANESE, ANTHONY J  
Address: 4668 HIGHWAY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: CD      ( ) Delete  
Name: HENRY, ALAN S  
Address: 3950 N RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: S      ( ) Delete  
Name: MCCAY, DWAYNE  
Address: 228 LOGGERHEAD DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH J. ARMUL

T

03/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date