FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # N44999 (3)

1. Corporation Name

THE LOREN QUINN INSTITUTE, INC.

Principal Place of Business	Mailing Address
1152 SOLANA AVENUE WINTER PARK FL 32789 US	1152 SOLANA AVENUE WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 07/24/1995

2. Principal Place of Business
21 Same as above
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3085393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRESSLER, JEFF
1152 SOLANA AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jeff Tressler Jeff Tressler Exec. Director 4-25-96
Signature or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELCHER, JAMES C II		1.2 NAME		
STREET ADDRESS	4330 PLYMOUTH SORRENTO RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☒ Addition
NAME	JOHNSON, CYNTHIA		2.2 NAME	Billings, Tom	
STREET ADDRESS	1648 CASSINGHORN CIRCLE		2.3 STREET ADDRESS	2105 Howell Branch Rd.	
CITY-ST-ZIP	OCOEE FL 34761		2.4 CITY-ST-ZIP	Maitland, Fl. 32751	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☒ Addition
NAME	BRICKEY, CHERYL		3.2 NAME	Blackburn, Kat Sager	
STREET ADDRESS	1127 EWILD OAK TERFR		3.3 STREET ADDRESS	583 Heatherton	
CITY-ST-ZIP	DELAND FL 32720		3.4 CITY-ST-ZIP	Altmonte Springs, Fl. 32714	
TITLE	T	☒ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	DEPALMA, JOHN		4.2 NAME	Tom Giamaolo	
STREET ADDRESS	1329 AMERIVAN ELM DR		4.3 STREET ADDRESS	330 South Cot Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP	Casselberry, Fl. 32707	
TITLE	D	☒ DELETE	5.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	SMITH, BEVERLY		5.2 NAME	Billings, Tom	
STREET ADDRESS	1567 FOREST AVE		5.3 STREET ADDRESS	2105 Howell Branch Rd.	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Maitland, Fl. 32751	
TITLE	V	☒ DELETE	6.1 TITLE	D	☒ Change ☒ Addition
NAME	STUART, MARCIA		6.2 NAME	Cook, Jack	
STREET ADDRESS	706 WARWICK PLACE		6.3 STREET ADDRESS	1071 Brice Ct.	
CITY-ST-ZIP	ORLANDO FL 32803		6.4 CITY-ST-ZIP	Orlando, Fl. 32817	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: K. J. Blackburn KATHLEEN T. BLACKBURN 4-25-96 407-645-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #