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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N44999 (3)

1. Corporation Name
THE LOREN QUINN INSTITUTE, INC.

Principal Place of Business	Mailing Address
531 VERSAILLES DR #105 MAITLAND FL 32751 US	531 VERSAILLES DR #105 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 09/03/1991

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

2. Principal Place of Business
21 1801 Hill St
22 Suite, Apt. #, etc.
23 City & State: New Smyrna Bch Fla
24 Zip: 32169 25 Country: USA

2a. Mailing Address
26 1801 Hill St
27 Suite, Apt. #, etc.
28 City & State: New Smyrna Bch Fla
29 Zip: 32169 30 Country: USA

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, LIZ
531 VERSAILLES DR
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Kent Allen
82 Street Address (P.O. Box Number is Not Acceptable): 1801 Hill St
83
84 City: New Smyrna Beach FL 85 Zip Code: 32169

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: Kent T. Allen 4-24-98
Signature, typed 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	PD	☑ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	DEGUTIS, RONALD		1.2 NAME	Liz Allen	
STREET ADDRESS	5131 ARDMORE DR		1.3 STREET ADDRESS	1801 Hill St	
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP	New Smyrna Beach Fla 32169	
TITLE	D	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	ALLEN, KENT		2.2 NAME	Kent Allen	
STREET ADDRESS	1049 CORKWOOD AVENUE		2.3 STREET ADDRESS	1801 Hill St	
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	New Smyrna Beach Fla 32169	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SEAN		3.2 NAME		
STREET ADDRESS	7457 ALOMA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LYMAN, DAN		4.2 NAME		
STREET ADDRESS	7457 ALOMA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	JOURIS, PAUL		5.2 NAME	Paul Norris	
STREET ADDRESS	4923 ELLENSBURG DRIVE		5.3 STREET ADDRESS	4923 Ellensburg dr	
CITY-ST-ZIP	TAMPA FL 33647		5.4 CITY-ST-ZIP	Tampa Fla 33647	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kent T. Allen 4-24-98 904-409-3859