

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000104

FILED
Feb 18, 2010
Secretary of State

Entity Name: LEARNING INSTITUTE FOR ELDERLY AT UNIVERSITY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

301B PSYCHOLOGY BLDG.
ORLANDO, FL 32816 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161390
ORLANDO, FL 32816

New Mailing Address:

PO BOX 161390
ORLANDO, FL 32816 US

FEI Number: 59-3159632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KERMIT L JR
2657 ORCHARD DR.
APOPKA, FL 32712 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: TD
Name: JAMES, JR., KERMIT L
Address: 2657 ORCHARD DR
City-St-Zip: APOPKA, FL 32712

Title: PD
Name: FRITZ, CHARLES
Address: 963 PONYTAIL PALM CIR.
City-St-Zip: OVIEDO, FL 32765

Title: VPD
Name: FUNK, ANN
Address: 611 MAYFAIR CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: SD
Name: REINHARDT, ALICE
Address: 100 FAIRWAY POINTE CIR.
City-St-Zip: ORLANDO, FL 32828

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: KERMIT L. JAMES, JR.

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02/18/2010

Electronic Signature of Signing Officer or Director

Date