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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000005070 (7)**

1. Corporation Name

YELLOW MOUNTAIN INSTITUTE, INC.

Principal Place of Business

**16520 S TAMiami TRAIL #18-146
FT. MYERS FL 33908**

Mailing Address

**PO BOX 205
BATESVILLE VA 22924-0205
US**3. Date Incorporated or Qualified
10/13/19943a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 3581 Sarasota Golf Club Blvd.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Sarasota, FLORIDA

City & State

Zip

34240

Country

USA

Zip

30

Country

30

4. FEI Number

65-0534576

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

10. Name and Address of New Registered Agent

**ROYSE, LAUREL E
16520 S TAMiami TRAIL #18-146
FT. MYERS FL 33908**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3581 Sarasota Golf Club Blvd.

83

84 City **Sarasota****FL**

85 Zip Code

34240

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

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 ☐ DELETENAME **D ROYSE, LAUREL E**
STREET ADDRESS **16520 S TAMiami TRAIL #18-146**
CITY-ST-ZIP **FT. MYERS FL 33908**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3581 Sarasota Golf Club Blvd.
Sarasota, FL 34230**TITLE ☐ DELETENAME **D ROYSE, DOUGLAS E**
STREET ADDRESS **16520 S TAMiami TRAIL #18-146**
CITY-ST-ZIP **FT. MYERS FL 33908**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3581 Sarasota Golf Club Blvd.
Sarasota, FL 34230**TITLE ☐ DELETENAME **D LOPEZ, E. JOHN**
STREET ADDRESS **C/O 16520 S TAMiami TRAIL #18-146**
CITY-ST-ZIP **FT. MYERS FL 33908**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**3581 Sarasota Golf Club Blvd.
Sarasota, FL 34230**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAUREL E. ROYSE

Date

4/21/97

Daytime Phone #

(804) 963-6107

CR2E037 (9/96)