

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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Secretary of State

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1. Corporation Name

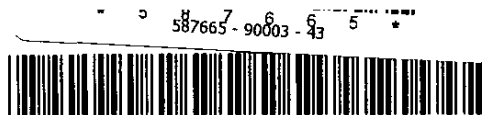
**THE INSTITUTE FOR HEALTH AND HUMAN PERFORMANCE,
INC.**

Principal Place of Business

7600 SOUTHLAND BLVD
SUITE 100-314
ORLANDO FL 32809

Mailing Address

P.O. BOX 470548
CELEBRATION FL 34747



2. Principal Place of Business

21 P.O. Box 291367

Suite, Apt. #, etc.

22 City & State

23 Tampa FL

Zip

24 33687

Country

25 USA

2a. Mailing Address

26 P.O. Box 291367

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

Zip

29 33687

Country

30 USA

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

59-3315742

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

9. Name and Address of Current Registered Agent

BOYLES, WILLIAM A ESQ.
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
HALL, NICHOLAS D
STREET ADDRESS 6721 MAYBALE PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME T
IWERKS, GERALD
STREET ADDRESS 419 ST AUGUSTINE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME T
LENNON, DAVID PROF.
STREET ADDRESS P.O. BOX 7
CITY-ST-ZIP GRENADA, WEST INDIES

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99
Date

813 230 5112
Daytime Phone #