

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004027

FILED
Feb 14, 2005
Secretary of State

Entity Name: INSTITUTE FOR SCHOOL INNOVATION, INC.

Current Principal Place of Business:

1339 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 13296
TALLAHASSEE, FL 323173296

New Mailing Address:

FEI Number: 59-3331703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTZIN, SARAH M DR.
1628 WOODGATE WAY
TALLAHASSEE, FL 32308 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: PD () Delete
Name: BUTZIN, SARAH M DR.
Address: 1628 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: BUTZIN, PETER
Address: 1628 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GUNTER, MARY
Address: 26 YACHT CLUB DR
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: REISER, ROBERT DR.
Address: 2315 MONACO DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SIMMONS, DIANA
Address: 4983 KEOHONE DR.
City-St-Zip: TALLAHASSEE, FL 32306

Title: D () Delete
Name: PRINE, ELAINE
Address: ROUTE 3 BOX 127C
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARAH M. BUTZIN

PD

02/14/2005

Electronic Signature of Signing Officer or Director

Date