

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004027

FILED
Feb 28, 2008
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 US

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 EXDIR
1339 MAHAN DR
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: CHM () Delete
Name: PRINE, ELAINE CHM
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCHM () Delete
Name: KRIZNER, WILLIAM VCHM
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC () Delete
Name: REISER, ROBERT SEC
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA () Delete
Name: SCOTT-SIMMONS, DIANA TREAS
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HARRIS, BOB L D
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GUNTER, MARY D
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

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:

Title: () Change () Addition
Name:
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 exemption stated in Chapter 119, 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

ED

02/28/2008

Electronic Signature of Signing Officer or Director

Date