

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000004013**

1. Entity Name

LAURA JEPSEN INSTITUTE, INC.



Principal Place of Business

Mailing Address

1401 HIGH RD  
TALLAHASSEE FL 32304

P.O. BOX 11305  
TALLAHASSEE FL 32302

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3435006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JODY  
228 EAST LAKE LANE  
QUINCY FL 32351

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME ALLEN, KARL R  
STREET ADDRESS 520 E. COLLEGE AVENUE  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000739030  
CITY-STATE-ZIP 05/14/07-80010-019 61.25

TITLE SD ☐ Delete  
NAME JOHNSON, JON  
STREET ADDRESS 422 MEADOW RIDGE DR.  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE PD ☐ Delete  
NAME DAVIS, NITA MARLENE  
STREET ADDRESS 1111 PAUL RUSSELL RD.  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME TAYLOR, JODY  
STREET ADDRESS 228 EAST LAKE LANE  
CITY-STATE-ZIP QUINCY FL 32351

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE TD ☐ Delete  
NAME DE LA CRUZ, SONJA  
STREET ADDRESS 1113 PAUL RUSSELL RD  
CITY-STATE-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jody Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25th 2007*  
Date

*850-442-4451*  
Telephone Number