

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004013	
1. Entity Name LAURA JEPSEN INSTITUTE, INC.	

Principal Place of Business 1401 HIGH RD TALLAHASSEE FL 32304	Mailing Address P.O. BOX 11305 TALLAHASSEE FL 32302
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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 (10/07)
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 TAYLOR, JODY 228 EAST LAKE LANE QUINCY FL 32351	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature and word "attesting") DATE _____

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, KARL R 520 E. COLLEGE AVENUE TALLAHASSEE FL 32301 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JON 422 MEADOW RIDGE DR. TALLAHASSEE FL 32312 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, NITA MARLENE 1111 PAUL RUSSELL RD. TALLAHASSEE FL 32301 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JODY 228 EAST LAKE LANE QUINCY FL 32351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA CRUZ, SONJA 1113 PAUL RUSSELL RD TALLAHASSEE FL 32301 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]* *April 28th 2008* *850-442-4451*