

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004013

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAURA JEPSEN INSTITUTE, INC.

Current Principal Place of Business:

1401 HIGH RD
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11305
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3435006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JODY
228 EAST LAKE LANE
QUINCY, FL 32351 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: VP () Delete
Name: ALLEN, KARL R
Address: 520 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: JOHNSON, JON
Address: 422 MEADOW RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: DAVIS, NITA MARLENE
Address: 1111 PAUL RUSSELL RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: TAYLOR, JODY
Address: 228 EAST LAKE LANE
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: DE LA CRUZ, SONJA
Address: 1113 PAUL RUSSELL RD
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ALLEN, KARL R
Address: 520 E. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: JOHNSON, JON
Address: 422 MEADOW RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312

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: JODY TAYLOR

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date