

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005139

FILED
May 03, 2005
Secretary of State

Entity Name: INSTITUTE FOR ETHICS AND MEANING, NON PROFIT CORPORATION

Current Principal Place of Business:

2109 BAYSHORE BOULEVARD
#804
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2109 BAYSHORE BOULEVARD
#804
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-3404215 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, JANET
2109 BAYSHORE BOULEVARD #804
TAMPA, FL 33606 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: ROBERTS, JANET M
Address: 2109 BAYSHORE BLVD #804
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: HAILE, JOHN
Address: 1206 EAST ELLCOTT STREET
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: SKYPEK, GENIE
Address: 2109 BAYSHORE BLVD #1005
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SKYPEK, GENIE
Address: 2528 TENNESSEE AVENUE
City-St-Zip: TAMPA, FL 33629

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: JANET M. ROBERTS

P

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date