


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90083 050 ****61.25

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|---|--|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N98000002122 | | | | | |
| 1. Corporation Name CHARACTER DEVELOPMENT INSTITUTE, INC. | | | | | |
| Principal Place of Business 2818 CAPITAL CIRCLE, NORTHEAST TALLAHASSEE FL 32308 | | | Mailing Address 2818 CAPITAL CIRCLE, NORTHEAST TALLAHASSEE FL 32308 | | |



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 04/13/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3507337 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | Country | |
| 24 | | 29 | | 30 | |
| Country | | Country | | Country | |
| 25 | | 30 | | 30 | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MORRIS, J M 2818 CAPITAL CIRCLE, NORTHEAST TALLAHASSEE FL 32308 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City | |
| | | 85 Zip Code FL | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, J E | 1.2 NAME | |
| STREET ADDRESS | 2818 CAPITAL CIRCLE, NORTHEAST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER, WILLIAM DR. | 2.2 NAME | |
| STREET ADDRESS | 2818 CAPITAL CIRCLE, NORTHEAST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, WILLIAM T | 3.2 NAME | |
| STREET ADDRESS | 2818 CAPITAL CIRCLE, NORTHEAST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-99
 (850) 385-7533

CR2E037 (1/98)