

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007074

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE CHARACTER & HERITAGE INSTITUTE CORP.

Current Principal Place of Business:

1614 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

3333 W. PENSACOLA STREET
BLDG. 100
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 952
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3620607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSIER, GAIL A
1614 S. MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ROSSIER, GAIL A
3333 W. PENSACOLA STREET
BLDG. 100
TALLAHASSEE, FL 32304 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSSIER, GAIL
Address: 1614 S MERIDIAN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: NEIL, MARION
Address: 84 INWOOD PLACE
City-St-Zip: THOMASVILLE, GA 31792

Title: S () Delete
Name: FORERO, JULIANA
Address: BOX 952
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSSIER, GAIL
Address: P.O. BOX 952
City-St-Zip: TALLAHASSEE, FL 32302

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

Title: S (X) Change () Addition
Name: BASS, BEVERLY
Address: BOX 952
City-St-Zip: TALLAHASSEE, FL 32302

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: GAIL A. ROSSIER

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date