

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000079416

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CARRICK INSTITUTE FOR GRADUATE STUDIES, INC.

**Current Principal Place of Business:**

203-8941 LAKE DR  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

203-8941 LAKE DR  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-3349803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, RICHARD S ESQ.  
2265 LEE RD., SUITE 103  
WINTER PARK, FL 32789 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: P D  
Name: CARRICK, EVE  
Address: 203-8941 LAKE DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP  
Name: TRICIA, MERLIN  
Address: 203-8941 LAKE DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA MERLIN

VP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date