

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001080

Entity Name: THE BALMORAL INSTITUTE, INC.**Current Principal Place of Business:**165 LINCOLN AVENUE
WINTER PARK, FL 32789**Current Mailing Address:**165 LINCOLN AVENUE
WINTER PARK, FL 32789 US**FEI Number:** 45-1875642**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HARRISON, GLENN PH.D.
Address	P.O. BOX 3965
City-State-Zip:	ATLANTA GA 30302-3965

Title	D
Name	SEIDEL, VALERIE L
Address	165 LINCOLN AVENUE
City-State-Zip:	WINTER PARK FL 32789

Title	D
Name	TOMLINSON, ALLEN R
Address	505 FLAGLER DR #1100
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	KIKER, CLYDE FPE PHD
Address	224 SW 40TH TERRACE
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	SEIDEL, TOM
Address	P.O. BOX 350238
City-State-Zip:	PALM COAST FL 32135

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

SIGNATURE: VALERIE SEIDEL**PRESIDENT****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date