

**2023 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:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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

D

03/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date