

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008209

Entity Name: EVOLUTION INSTITUTE, INC.**Current Principal Place of Business:**10627 MACHRIHANISH CIRCLE
SAN ANTONIO, FL 33576**Current Mailing Address:**10627 MACHRIHANISH CIRCLE
SAN ANTONIO, FL 33576 US**FEI Number:** 27-3353656**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIEBERMAN, JEROME PHD
10627 MACHRIHANISH CIRCLE
SAN ANTONIO, FL 33576 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 DIRECTOR
Name WILSON, DAVID S PHD
Address 47 MORGAN RD.
City-State-Zip: BINGHAMTON NY 13903

Title DIRECTOR
Name TURCHIN, PETER PHD
Address 209 TOWER HILL RD.
City-State-Zip: CHAPLIN CT 06235

Title ST.
Name LIEBERMAN, JEROME PHD
Address 10627 MACHRIHANISH CIRCLE
City-State-Zip: SAN ANTONIO FL 33576

Title DIRECTOR
Name SEAMAN, JULIE
Address 6. W ANDREWS DRIVE
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name MAYFIELD, ALPHONSO
Address 2112 S. CONGRESS AVE
City-State-Zip: PALM SPRINGS FL 33406

Title PRESIDENT
Name SHIMBERG, MICHELLE
Address 3214 W. FOUNTAIN BLVD.
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name WITOSZEK, NINA
Address GYDAS VEI 16
City-State-Zip: OSLO 0363

Title DIRECTOR
Name MADHAVAN, GURU
Address 500 FIFTH STREET, NW
KECK CENTER OF THE NATIONAL
ACADEMIES OF SCIENCES,
ENGINEERING, AND MEDICINE
City-State-Zip: WASHINGTON DC 20001

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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: JEROME LIEBERMAN**SECRETARY,
TREASURER****02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BJORKLUND, DAVID F PHD
Address 777 GLADES ROAD
FLORIDA ATLANTIC UNIVERSITY
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name WITTEK, RAFAEL PHD
Address 9712 CP GRONINGEN
City-State-Zip: NETHERLANDS

Title DIRECTOR
Name LIEBERMAN, VIRGINIA
Address 10627 MACHRIHANISH CIRCLE
City-State-Zip: SAN ANTONIO FL 33576