

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004444

Entity Name: THE TDS INSTITUTE, INC.**Current Principal Place of Business:**521 A1A BEACH BOULEVARD
ST. AUGUSTINE BEACH, FL 32080**Current Mailing Address:**521 A1A BEACH BOULEVARD
ST. AUGUSTINE BEACH, FL 32080 US**FEI Number: 82-1350961****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAYLAND, BRAD
521 A1A BEACH BOULEVARD
ST. AUGUSTINE BEACH, FL 32080 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	PD
Name	LAYLAND, BRAD
Address	521 A1A BEACH BOULEVARD
City-State-Zip:	ST. AUGUSTINE BEACH FL 32080

Title	D
Name	GODFREY, STEVE
Address	521 A1A BEACH BOULEVARD
City-State-Zip:	ST. AUGUSTINE BEACH FL 32080

Title	TD
Name	GAMBOA, LORI
Address	521 A1A BEACH BOULEVARD
City-State-Zip:	ST. AUGUSTINE BEACH FL 32080

Title	D
Name	ELDREDGE, AMELIA
Address	521 A1A BEACH BOULEVARD
City-State-Zip:	ST. AUGUSTINE BEACH FL 32080

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: LORI GAMBOA**CFO****03/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date