2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003787

Entity Name: CPT INSTITUTE, INC.

FILED Mar 06, 2024 **Secretary of State** 8730431870CC

Current Principal Place of Business:

310 S. TWIN OAKS VALLEY ROAD #107-174

SAN MARCOS, CA 92078

Current Mailing Address:

310 S. TWIN OAKS VALLEY ROAD #107-174 SAN MARCOS, CA 92078 US

FEI Number: 59-3198066 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC 476 RIVERSIDE AVE JACKSONVILLE, FL 32303 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 PRESIDENT / DIRECTOR Title DIRECTOR

DUNN, LEONARD Name Name ALBRITTON, MILES

310 S. TWIN OAKS VALLEY ROAD Address Address 310 S. TWIN OAKS VALLEY ROAD

#107-174 #107-174

City-State-Zip: SAN MARCOS CA 92078 City-State-Zip: SAN MARCOS CA 92078

Title **EXECUTIVE DIRECTOR** Title **DIRECTOR**

Name LINDAHL, WILLIAM Name DUNN, DEBBIE

310 S. TWIN OAKS VALLEY ROAD Address Address 310 S. TWIN OAKS VALLEY ROAD #107-174

#107-174

SAN MARCOS CA 92078 SAN MARCOS CA 92078 City-State-Zip: City-State-Zip:

Title DIRECTOR, SECRETARY Title **DIRECTOR**

Name ALBRITTON, JENNIFER Name COOK, JENNIFER

310 S. TWIN OAKS VALLEY ROAD Address 310 S. TWIN OAKS VALLEY ROAD Address

#107-174 #107-174

City-State-Zip: SAN MARCOS CA 92078 City-State-Zip: SAN MARCOS CA 92078

Title **DIRECTOR** Title DIRECTOR, TREASURER MCALLISTER, ANGELA Name WALTER, RENEE Name

Address 310 S. TWIN OAKS VALLEY ROAD Address 310 S. TWIN OAKS VALLEY ROAD

> #107-174 #107-174

SAN MARCOS CA 92078 City-State-Zip: SAN MARCOS CA 92078 City-State-Zip:

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.

03/06/2024 EXECUTIVE DIRECTOR SIGNATURE: WILLIAM LINDAHL

Electronic Signature of Signing Officer/Director Detail

Date