

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001459

**Entity Name:** HIGH ALERT INSTITUTE, INC.

**Current Principal Place of Business:**

4800 BEN HILL TRAIL  
LAKE WALES, FL 33898

**Current Mailing Address:**

4800 BEN HILL TRAIL  
LAKE WALES, FL 33898 US

**FEI Number:** 27-5078437

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOLTUN, JEFFREY M  
150 SPARTAN DRIVE  
SUITE 100  
MAITLAND, FL 32751 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 THORNTON, MARTIN  
Address 6005 MOSS ROSE LANE  
City-State-Zip: AUBREY TX 76227

Title D  
Name CORDI, HEIDI  
Address 3 CRESENT DRIVE  
City-State-Zip: ELMFORD NY 10523

Title D  
Name LEBLANC, JEANNE  
Address 1896 WEST 15TH AVE  
City-State-Zip: VANCOUVER BC V6J 2L3 NY 10523

Title D  
Name SAKARA, ALLISON A  
Address 5764 NORTH ORANGE BLOSSOM TRAIL #123  
City-State-Zip: ORLANDO FL 32810

Title P  
Name RAMIREZ, MAURICE A  
Address 5764 NORTH ORANGE BLOSSOM TRAIL #123  
City-State-Zip: ORLANDO FL 32810

Title V  
Name DAVIS, JOHN  
Address 5764 NORTH ORANGE BLOSSOM TRAIL #123  
City-State-Zip: ORLANDO FL 32810

Title D  
Name KELLEY, KARL  
Address 4800 BEN HILL TRAIL  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name SLONE, FREDERICK  
Address 4800 BEN HILL TRAIL  
City-State-Zip: LAKE WALES FL 33898

*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:** MAURICE A. RAMIREZ

**PRESIDENT**

**04/17/2015**

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

\_\_\_\_\_  
Date