

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1100001459

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:

MILLER, DAVID ESQ.
225 EAST LEMON STREET
SUITE 300
LAKELAND, FL 33801 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: DAVID MILLER, ESQ.

05/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name SAKARA, ALLISON A
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name CORDI, HEIDI DR.
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name LEBLANC, JEANNE DR.
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title PRESIDENT
Name RAMIREZ, MAURICE A DR.
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title SECRETARY/TREASURER
Name WALTERS, ZACHARY D
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name WALTERS, AMY L
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name BILLINGSLEY, DAVID J
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898

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

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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: ALLISON SAKARA

EXECUTIVE DIRECTOR

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALTERS, ZACHARY D
Address 4800 BEN HILL TRAIL
City-State-Zip: LAKE WALES FL 33898