

**2023 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:**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.

04/27/2023

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 TAPIE, MONIQUE  
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 A. SAKARA

EXECUTIVE DIRECTOR

04/27/2023

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