


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756386</b> 1. Entity Name <b>ELECTROLYSIS SOCIETY OF FLORIDA, INC.</b>	
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Principal Place of Business <b>7550 W. UNIVERSITY AVENUE SUITE C GAINESVILLE FL 32607 US</b>	Mailing Address <b>7550 W. UNIVERSITY AVENUE SUITE C GAINESVILLE FL 32607 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-2184313</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>BRASINGTON, JESSICA A 7550 W. UNIVERSITY AVENUE SUITE C GAINESVILLE FL 32607</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature reduced when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>HERMANSPAN, KAREN</b> <b>10694 S US 1, SUITE B</b> <b>PORT ST. LUCIE FL 34952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>2VP</b> <b>HADDAD, ALISSA</b> <b>10694 S. US 1, SUITE B</b> <b>PORT ST. LUCIE FL 32607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>CS</b> <b>EXUM, PEGGY</b> <b>13001 SPRING HILL DRIVE</b> <b>SPRING HILL FL 34609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>BRASINGTON, JESSICA</b> <b>7550 W. UNIVERSITY AVENUE, SUITE C</b> <b>GAINESVILLE FL 32607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>MC ALLISTER, STEPHANIE</b> <b>312 SOUTH OLD DIXIE HWY #205</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>ADAMS, JUDY</b> <b>651 AIA BEAR BLVD</b> <b>SAINT AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete

11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000715458</b> <b>04/27/07-80064-011 61.25</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jessica A. Brasington* **Jessica A. Brasington** 4-15-07 352-331-6797