

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756386

FILED
Jan 17, 2011
Secretary of State

Entity Name: ELECTROLYSIS SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

12571 SPRING HILL DR.
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

12571 SPRING HILL DR.
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 59-2184313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EXUM, PEGGY D T
12571 SPRING HILL DR.
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: ADAMS, JUDY - P
Address: 651 A1A BEACH BLVD., STE. A
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 US

Title: 2VP
Name: COWLING, MELANIE - 2VP
Address: 15 ST. JOHNS MEDICAL PARK
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: CS
Name: HILLIGOSS, JOY - CS
Address: 4414 FLORIDA NATIONAL DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: T
Name: EXUM, PEGGY D T
Address: 12571 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34609 US

Title: S
Name: GREENHALGH, JOLYNN - S
Address: 1233 MICCOSUKEE RD.
City-St-Zip: TALLHASSEE, FL 32308 US

Title: D
Name: SCOTT, HILDEGARD - D
Address: 4550 PALMETTO AVE.
City-St-Zip: WINTER PARK, FL 32792 US

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: PEGGY D. EXUM

TREA

01/17/2011

Electronic Signature of Signing Officer or Director

Date