# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2004 8:00 am**
**Secretary of State**
05-04-2004 90149 030 ****61.25

DOCUMENT # N00000006596

1. Entity Name
THE ORGANIZATION FOR PROFESSIONAL ASTROLOGY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4775 CRAYTON RD<br>NAPLES, FL 34101 | 4775 CRAYTON RD<br>NAPLES, FL 34101 |

04072004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3681709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PFEUFFER, WILLIAM A
1124 GOODLETTE RD
NAPLES, FL 34102

**7. Name and Address of New Registered Agent**

Name ALLURE ACCOUNTING, LLC
Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD
City BONITA SPRINGS **FL** Zip Code 34135

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 _____, MARENA LOEFFLER, MANAGER 04/07/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WISE, ARLAN<br>P.O. BOX 43<br>CHILMARK, MA 02535 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SERIO, SANDRA-LEIGH<br>2801 SILVER PLACE<br>SUPERIOR, CO 80027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>TERRY, GISELE<br>550 N. ORLANDO AVE #101<br>LOS ANGELES, CA 90048 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WILNER, JUDY<br>2710 OVERLOOK DRIVE<br>BROOMFIELD, CO 80020 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>MCKENNEY, TWINK<br>530 FISHRECK ROAD<br>SOUTHBURY, CT 06488 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MULLIGAN, ROBERT A<br>4775 CRAYTON ROAD<br>NAPLES, FL 34103 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ ROBERT MULLIGAN 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #