

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N02000007447

1. Entity Name
BARBARA BRENNAN CENTER FOR RESEARCH AND
HEALING, INC.



Principal Place of Business

500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431

Mailing Address

500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3881904

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRENNAN, BARBARA
500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431

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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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRENNAN, BARBARA
STREET ADDRESS	2774 OCEAN BLVD #106
CITY-ST-ZIP	PALM BEACH, FL 33380
TITLE	VD
NAME	PAE, SHERRY
STREET ADDRESS	210 WHITE DOGWOOD DRIVE
CITY-ST-ZIP	ETTERS, PA 17319
TITLE	D
NAME	KEENE, LAURIE
STREET ADDRESS	146 W MAIN STREET
CITY-ST-ZIP	ANNVILLE, PA 17003
TITLE	STD
NAME	LOWRY, TIMOTHY
STREET ADDRESS	7145 DEVENSHIRE LANE
CITY-ST-ZIP	MISSOULA, MT 59840
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80021-012 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (if)