

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002212

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF MULTI SENSORY ENVIRONMENTS, INC.

**Current Principal Place of Business:**

LPLC-1095 NW 14TH TERRACE (R-48)  
1-40  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

LPLC (R-48) 1095 NW 14TH TERRACE  
1-40  
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number:** 56-2600893      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOIS POPE LIFE CENTER (R-48)  
1095 NW 14TH TERRACE  
MIAMI, FL 33136 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: PD  
Name: RADER, RICK  
Address: 615 DERBY STREET  
City-St-Zip: CHATTANOOGA, TN 37404

Title: D  
Name: HOTZ, GILLIAN  
Address: LPLC-1095 NW 14TH TERRACE (R-48)  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: STRAUSS, JENNIFER  
Address: 5838 SW 74TH TERRACE, #118  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: MESSBAUER, LINDA  
Address: 75-11 198TH STREET  
City-St-Zip: FRESH MEADOW, NY 11366

Title: D  
Name: VARTANIAN, BARBARA  
Address: 125 SOUTH CHENANGO ST., EXT  
City-St-Zip: GREENE, NY 13778

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: GILLIAN HOTZ

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date