

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006803

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA SCHOOL OF HERBAL STUDIES, INC.

Current Principal Place of Business:

622A N THORNTON AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

622A N THORNTON AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-5047949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUFF, EMILY E
622A N THORNTON AVE
ORLANDO, FL 32803 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 () Delete
Name: RUFF, EMILY E
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: TINER, MICHAEL W
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: RUFF, MARSHA
Address: 700 SE 26 ST
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: RUFF, KELSIELYNN
Address: 700 SE 26 ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUFF, MARSHA
Address: 700 SE 26 ST
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: HOLLENBECK, BETH
Address: POST OFFICE BOX 181102
City-St-Zip: CASSELBERRY, FL 32718

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EMILY RUFF

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date