

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011503

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: HERBAL TOUCH RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

8029 RAMONA BLVD W  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

8029 RAMONA BLVD W  
JACKSONVILLE, FL 32221

**New Mailing Address:**

P.O. BOX 37146  
JACKSONVILLE, FL 32236

FEI Number: 20-8171116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LOGAN, GARY A  
1333 HONEYSUCKLE DRIVE  
JACKSONVILLE, FL 32259      US

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

LOGAN, GARY A  
2501 BULLS BAY HWY.  
JACKSONVILLE, FL 32220      US

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

09/04/2007

Date

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: LOGAN, GARY A  
Address: 1333 HOENYSUCKLE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP                    ( ) Delete  
Name: SMITH, YOUNG A JR  
Address: 8029 RAMONA BLVD W  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP                    ( ) Delete  
Name: DONAHOE, JASON L  
Address: 907 FROST STREET EAST  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                    (X) Change ( ) Addition  
Name: LOGAN, GARY A  
Address: 2501 BULLS BAY HWY.  
City-St-Zip: JACKSONVILLE, FL 32220

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

Title: VP                    (X) Change ( ) Addition  
Name: DONAHOE, JASON L  
Address: 3900 OLDFIELD CROSSING, APT. 1110  
City-St-Zip: JACKSONVILLE, FL 32223

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: GARY A. LOGAN

Electronic Signature of Signing Officer or Director

P

09/04/2007

Date