

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009246

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** MIND OVER MONEY CONSULTING, INC.

**Current Principal Place of Business:**

708 STAFFORD ST  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

708 STAFFORD ST  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** 27-3629963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLISPIE, KAREN  
708 STAFFORD ST  
TALLAHASSEE, FL 32305 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  
Name: CAMPBELL, KAREN  
Address: 1742 HILLSGATE CT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: WILLIAMS, MARY  
Address: 1524 RAINBOW RD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S  
Name: COBB, WALLISA  
Address: 2450 TIM GAMBLE SUITE 258  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T  
Name: DARITY, RACHAEL L  
Address: 6253 CRESTWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D  
Name: GILLISPIE, CARL  
Address: 955 PARSON ST SW  
City-St-Zip: ATLANTA, GA 30314

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: KAREN GILLISPIE

ED

04/27/2011

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

\_\_\_\_\_  
Date