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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14241

1. Corporation Name

MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

Principal Place of Business

3 FRANCIS ST
BELMONT MA 02178-
US

Mailing Address

3 FRANCIS ST
BELMONT MA 02178-
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2105 Robinson Ave	26 Suite, Apt. #, etc.	04/08/1986
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 City & State	28 City & State	59-2708908 59-2751953
24 Zip	29 Zip	Applied For
34232	02478	Not Applicable
25 Country	30 Country	5. Certificate of Status Desired
		8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE C
1634 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBLIN, RICHARD	1.2 NAME	
STREET ADDRESS	1801 TIPPAN AVE	1.3 STREET ADDRESS	3 FRANCIS ST
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	Belmont, MA 02478-2218
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOME, MARYBETH	2.2 NAME	
STREET ADDRESS	15 EDWARDS SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHAMPTON MA	2.4 CITY-ST-ZIP	01060
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, ED	3.2 NAME	
STREET ADDRESS	5406 BIG VISTA DRIVE	3.3 STREET ADDRESS	1859 University Pl
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34235-9038
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard Doblin 1/11/99 617 484-9509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)