

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14241

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

**Current Principal Place of Business:**

2105 ROBINSON AVE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

3 FRANCIS ST  
BELMONT, MA 024782218 US

**New Mailing Address:**

**FEI Number:** 59-2751953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAMIGLIO, GEORGE C  
1634 MAIN STREET  
SARASOTA, FL 34236 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: DP ( ) Delete  
Name: DOBLIN, RICHARD,  
Address: 3 FRANCIS ST.  
City-St-Zip: BELMONT, MA 024782218

Title: D ( ) Delete  
Name: HOME, MARYBETH,  
Address: 15 EDWARDS SQUARE  
City-St-Zip: NORTHAMPTON, MA 01060

Title: D ( ) Delete  
Name: GILMORE, JOHN  
Address: 2105 ROBINSON AVE  
City-St-Zip: SARASOTA, FL 34232

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD DOBLIN

DP

01/06/2004

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

\_\_\_\_\_  
Date