


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P02995 (9)
1. Corporation Name
AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED



Principal Place of Business 820 DAVIS ST SUITE 100 EVANSTON IL 60201-4444	Mailing Address 820 DAVIS ST SUITE 100 EVANSTON IL 60201-4464
---	---

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/10/1984	3a. Date of Last Report 03/05/1996
4. FEI Number 62-0968813	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

FL

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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, VIRGINIA H.
STREET ADDRESS	10209 SAN GABRIEL NE
CITY-ST-ZIP	ALBU NM
TITLE	ST <input type="checkbox"/> DELETE
NAME	SPERGER, MARLYS
STREET ADDRESS	820 DAVIS
CITY-ST-ZIP	EVANSTON IL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER-WEBER, MAUREEN
STREET ADDRESS	3850 CONIFER COURTS
CITY-ST-ZIP	BOULDER CO 80308-1339
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEBRUN, E. HOUSTON
STREET ADDRESS	149 SOUTHERN HEIGHTS BLVD
CITY-ST-ZIP	SAN RAFAEL CA
TITLE	D <input type="checkbox"/> DELETE
NAME	BALLETTO, JOHN
STREET ADDRESS	82 PITMAN STREET
CITY-ST-ZIP	PROVIDENCE RI 02908
TITLE	PPD <input checked="" type="checkbox"/> DELETE
NAME	GREENE, ELLIOT
STREET ADDRESS	111 ELLSWORTH DR
CITY-ST-ZIP	SILVER SPRING MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Lamp
1.3 STREET ADDRESS	227 SW 80th Dr
1.4 CITY-ST-ZIP	Gainesville, FL 32607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	President-Elect & Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Olson
6.3 STREET ADDRESS	811 Second Ave., S., #2
6.4 CITY-ST-ZIP	Fargo, ND 58103

14. I do 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.

CPRE037 (9/96)