

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

Mailing Address

820 DAVIS ST
SUITE 100
EVANSTON IL 60201-4444

820 DAVIS ST
SUITE 100
EVANSTON IL 60201-4464

3. Date Incorporated or Qualified
08/10/1984

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

62-0968813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 P ANTHONY, VIRGINIA H. ☒ DELETE
NAME
STREET ADDRESS 10209 SAN GABRIEL NE
CITY-ST-ZIP ALBU NM

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Scott Lamp
1.3 STREET ADDRESS 227 SW 80th Dr
1.4 CITY-ST-ZIP Gainesville, FL 32607

TITLE ST ☐ DELETE
NAME SPERGER, MARLYS
STREET ADDRESS 820 DAVIS
CITY-ST-ZIP EVANSTON IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MILLER-WEBER, MAUREEN
STREET ADDRESS 3850 CONIFER COURTS
CITY-ST-ZIP BOULDER CO 80306-1339

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME LEBRUN, E. HOUSTON
STREET ADDRESS 149 SOUTHERN HEIGHTS BLVD
CITY-ST-ZIP SAN RAFAEL CA

4.1 TITLE President-Elect & Dir ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BALLETO, JOHN
STREET ADDRESS 82 PITMAN STREET
CITY-ST-ZIP PROVIDENCE RI 02908

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PPD ☒ DELETE
NAME GREENE, ELLIOT
STREET ADDRESS 111 ELLSWORTH DR
CITY-ST-ZIP SILVER SPRING MD

6.1 TITLE Director ☐ Change ☒ 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.

CP2E037 (9/96)