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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02995** (9)

1. Corporation Name

**AMERICAN MESSAGE 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 60201-4444

3. Date Incorporated or Qualified

08/10/1984

4. FEI Number

62-0968813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 (PO Box Not Permitted)

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

*Connie B...*

**SPECIAL ASSISTANT SECRETARY**

12/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **LAMP, SCOTT**  
STREET ADDRESS **227 SW 80TH DR**  
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE **Pres. Elect** ☒ Change ☐ Addition  
1.2 NAME **Pres + Pres**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **200002733662-5**  
2.3 STREET ADDRESS **-01/07/98-01086-014**  
2.4 CITY-ST-ZIP **\*\*\*\*245.00**

TITLE **D** ☒ DELETE  
NAME **MILLER-WEBER, MAUREEN**  
STREET ADDRESS **3650 CONIFER COURTS**  
CITY-ST-ZIP **BOULDER CO 80306-1339**

3.1 TITLE **Dir** ☐ Change ☒ Addition  
3.2 NAME **Patricia Donohue**  
3.3 STREET ADDRESS **152 Wellwood Ave, #5**  
3.4 CITY-ST-ZIP **Lindenhurst NY 11757**

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

4.1 TITLE **President** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **310 12th Ave East, #306**  
4.4 CITY-ST-ZIP **Seattle, WA 98102**

TITLE **D** ☐ DELETE  
NAME **BALLETTO, JOHN**  
STREET ADDRESS **82 PITMAN STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02906**

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

TITLE **D** ☐ DELETE  
NAME **OLSON, STEVE**  
STREET ADDRESS **811 SECOND AVE S #2**  
CITY-ST-ZIP **FARGO ND**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

*MAUREEN MILLER-WEBER*

December 21, 1998

Date Signature Phone #

CR2E037 (10/97)