

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02995

FILED
Jan 09, 2004
Secretary of State

Entity Name: AMERICAN MASSAGE THERAPY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

820 DAVIS ST
SUITE 100
EVANSTON, IL 602014444

New Principal Place of Business:

Current Mailing Address:

820 DAVIS ST
SUITE 100
EVANSTON, IL 602014444

New Mailing Address:

FEI Number: 62-0968813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: FREEMAN, LAUREL J
Address: 920 NW 8TH AVE, STE B
City-St-Zip: GAINESVILLE, FL 32601

Title: STD () Delete
Name: LUCAS, ELIZABETH M
Address: 820 DAVIS ST, STE 100
City-St-Zip: EVANSTON, IL 602014444

Title: D () Delete
Name: GIRARD, JEANNE
Address: 654 VAN LOO ROAD
City-St-Zip: CANON CITY, CO 81212

Title: D () Delete
Name: GRIFFITH, BRENDA
Address: 10231 MAPLESTED LANE
City-St-Zip: RICHMOND, VA 23235

Title: PD () Delete
Name: GRIFFITH, BRENDA
Address: 9940 MAPLESTED LANE
City-St-Zip: RICHMOND, VA 23235

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:

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

Title: PD (X) Change () Addition
Name: GRIFFITH, BRENDA
Address: 9940 MAPLESTED LANE
City-St-Zip: RICHMOND, VA 23235

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: ELIZABETH M. LUCAS

STD

01/09/2004

Electronic Signature of Signing Officer or Director

Date