

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90467 015 ****70.00

DOCUMENT # P02995

1. Entity 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 60201-4444**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0968813**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBYN	
STREET ADDRESS	920 NW 8TH AVE, STE B	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUCAS, ELIZABETH M	
STREET ADDRESS	820 DAVIS ST, STE 100	
CITY-ST-ZIP	EVANSTON IL 60201-4444	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRARD, JEANNE	
STREET ADDRESS	654 VAN LOO ROAD	
CITY-ST-ZIP	CANON CITY CO 81212	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, STEVE	
STREET ADDRESS	PO BOX 350	
CITY-ST-ZIP	FARGO ND 58107-0350	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, BRENDA	
STREET ADDRESS	10231 MAPLESTED LANE	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TALLEY, CAROLYN	
STREET ADDRESS	302 YORKSHIRE DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29615	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurel J. Freeman	
STREET ADDRESS	2622 NW 43rd Street, Suite C1	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Logsdon	
STREET ADDRESS	8706 Honeysuckle Court	
CITY-ST-ZIP	Louisville, KY 40242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Griffith	
STREET ADDRESS	9940 Maplested Lane	
CITY-ST-ZIP	Richmond, VA 23235	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Talley Porter	
STREET ADDRESS	208 Botany Road	
CITY-ST-ZIP	Greenville, SC 29615	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Lucas* 1-29-03 847-84-0023

CR2E037 (10/02)