

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 001 ****61.25

DOCUMENT #

P02995

1. Corporation Name

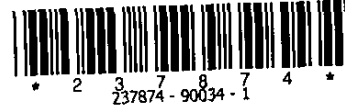
American Massage Therapy Association, Incorporated

Principal Place of Business

820 Davis Street
Suite 100
Evanston, IL 60201-4444

Mailing Address

820 Davis Street
Suite 100
Evanston, IL 60201-4444



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/10/1984

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PP	Lamp, Scott	227 SW 80th Dr.	Gainesville, FL 32607	<input checked="" type="checkbox"/>
ST	Sperger, Marlys	820 Davis	Evanston, IL 60201-4444	<input type="checkbox"/>
D	Bonohue, Patricia	152 N. Wellwood Ave., #5	Lindenhurst, IL 61757	<input type="checkbox"/>
D	Balletto, John	82 Pitman Street	Providence, RI 02906	<input type="checkbox"/>
D	Olson, Steve	82 Second Ave., S #2	Providence, RI 02906	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	ADDED
D	Miller, Maureen	PO Box 1339	Boulder, CO 80306-1339	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Borrelli, Denise	52 Fernview, Unit 10	North Andover, MA 01845	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PP	LeBrun, E. Houston	310 12th Ave. East, #306	Seattle, WA 98102	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Marlys Sperger, Sec./Treas. 3/4/99 847-864-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)