

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006803

**Entity Name:** FLORIDA SCHOOL OF HOLISTIC LIVING, INC.

**Current Principal Place of Business:**

650 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

POST OFFICE BOX 547726  
ORLANDO, FL 32854-7726 US

**FEI Number:** 20-5047949

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUFF, EMILY E  
650 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701 US

*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

**Officer/Director Detail :**

Title P  
Name RUFF, EMILY E  
Address PO BOX 547726  
City-State-Zip: ORLANDO FL 32854-7726

Title DIRECTOR  
Name KUNTZ, ELEANOR  
Address POST OFFICE BOX 420  
City-State-Zip: EAST BARRE VT 05649

Title D  
Name RUFF, MARSHA  
Address 700 SE 26 ST  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name LYNCH, CHRISTINA  
Address POST OFFICE BOX 547726  
City-State-Zip: ORLANDO FL 32854-7726

*I hereby 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 all other like empowered.*

**SIGNATURE:** EMILY RUFF

**DIRECTOR**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date