

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002913

**FILED
Mar 06, 2016
Secretary of State
CC1679012417**

Entity Name: ANOTHER TURN YOGA ART HEALTH & WELLNESS MINISTRY INC.

Current Principal Place of Business:

29301 WILPAYNE RD.
BROOKSVILLE, FL 34602

Current Mailing Address:

29301 WILPAYNE RD.
BROOKSVILLE, FL 34602

FEI Number: 47-3481003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARNOLD, VIRGINIA L
29301 WILPAYNE RD.
BROOKSVILLE, FL 34602 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 PRES
Name VIRGINIA, ARNOLD L
Address 29301 WILPAYNE RD.
City-State-Zip: BROOKSVILLE FL 34602

Title VICE
Name RANDALL, LOIS M
Address 4195 SANDHILL CRANE TERRACE
City-State-Zip: MIDDLEBURG FL 32068

Title TREA
Name MICHAEL, ARNOLD C
Address 29301 WILPAYNE RD.
City-State-Zip: BROOKSVILLE FL 34602

Title EXEC
Name RANDALL, NORMA J
Address 455 CHAPMAN HOLLOW RD.
City-State-Zip: DOWELLTOWN TN 37059

Title TRUS
Name NIX, ZAHNA R
Address 29301 WILPAYNE RD.
City-State-Zip: BROOKSVILLE FL 34602

Title DIRE
Name WILLIAMS, TERRY D
Address 455 CHAPMAN HOLLOW RD.
City-State-Zip: DOWELLTOWN TN 37059

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: VIRGINIA ARNOLD

PRESIDENT

03/06/2016

Electronic Signature of Signing Officer/Director Detail

Date