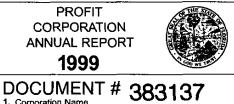
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA ASSOCIATION FOR PROFESSIONAL HYPNOSIS, I

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90007 001 \*\*\*150.00


NC.									
Principal Plac	e of Business	Mailing Address				U KUDADO AKIDI ADIDA AKIBI AFDAD AKI !		<b>ii 0101</b> 1 01011 1	
2105 PARK AVE STE. 12 9737 EARWAY CIRCLE									
ORANGE PARK FL 32073 LEESBURG FL 34788									
us us'						TE IN THIS SPACE			
						3. Date Incorporated or Qualifed			}
		10000				05/28/1971			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		<del></del>	pplied For	
21 26 2105 Park A		епие			<b>59</b> -2178435			t Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee Re	Additional	
22     27   S111 t.e. 1.2				· · ·····	A Florida O and Florida				
		777-1			6. Election Campaign Financing Trust Fund Contribution		Added	May Be	
23∤ Zip	Country Zip Cange Park, F1		intry		This corporation owes the curre	nt vear inta		10 1 003	
24	25		30 C1			Personal Property Tax.	и уса ика	∏ Yes	₩No
	9. Name and Address of Current	<del></del>	30 0 -	Ι,		10. Name and Address of New Re	egistered A		
				81 N	ame Ho	me Address			
GEDROTTIS, ELIZABETH M					1 700 BIJ Number & No. VALOS ptat				
2105 PARK AVE., SUITE 12			82 St		•	ole)			
ORA	NGE PARK FL 32073			83	18	<del>69 Farm-Way</del>		*****	
]				Ш_					
II				<b>84</b> Ci	ty M-i	ddleburg	FL	$\begin{vmatrix} 85 & 7 & 2 \\ 32 & 32 \end{vmatrix}$	Code 168
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the a	hove-na	med cornor	ation submits this statement for the o	ourpose of c	hanging its	registered
office or r	registered agent, or both, in the State of	f Florida. Such change was au	thorized	d:by.the	corporation	's board of directors. I hereby accept	the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligati		da Stati	utes.	•	Dr ==	2 7	<b>6</b> 9	-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Anent sign	Marcel 5	herr reinstating)	3. 7-	7	
12.	OFFICERS AND		13.	•		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE	S	DELETE	1.1 T(	π£				Change	☐ Addition
NAME	KLEIN, LAVERN N		1.2 NA	AME.	D/C				1
STREET ADDRESS	TOOK VENTUDA AVE		1.3 ST	REET ADD	Elizabeth Gedrottis				[
CITY-ST-ZIP	LACIZOCAN TILE EL		1.4 CI	TY-ST-ZIP	210	5 Park Ave., Suite	12	,	
TITLE	VP	DELETE	2.1 TI		Ora	nge Park, Fl 32073		Change	Addition
NAME	TOP D BUDDY		2.2 NA	AME	Ì				1
STREET ADDRESS	7626 CLEMENTINE WAY		2.3 ST	REET ADD	ress D/T	Charles L. Dorsey			
CITY-ST-ZIP	ORLANDO FL 32819-4610	. ,	2.4 C	ITY-ST-ZIP	789	3 Hogan Settlement	Road	,	ì
TITLE	Ρ	DELETE	3.1 TI		Jac	ksonville, F1 32221		☐ Change	- Addition
NAME	LEONARD, MARTHA S		3.2 NA	AME.		•			1
STREET ADDRESS	115 ALBERT'S AVENUE		3.3 ST	REET ADD	RESS				
CITY-ST-ZIP	INTERLACHEN FL	/	3.4. CI	rry-st-ZIP	1			/	ļ
TITLE	T	DELETE	4.1 TI	TLE	n/c	Edward A. Wilbanks		Change	Addition
NAME	YAWMAN, EARL J		4.2 N	AME	1 , -		,		-
STREET ADDRESS	100 01000000 01100		4.3 ST	REET AOD		9 Arthur Avenue			
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL			TY-ST-ZIP	Pan	ama City, F1 32405			]
TITLE		☐ DELETE	5.1 TT		_			Change	Addition
NAME	•		5.2 NA	₩E					
STREET ADDRESS			5.3 ST	TREET ADD	RESS				
CITY-ST-ZIP			5.4 CF	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	TLE			-	Change	Addition
NAME			6.2 NA	ME		•			]

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 607, 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: Elizabethum

STREET ADDRESS

CITY-ST-ZIP

<del>904-264-8851</del>

3-7-99