

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 383137

1. Corporation Name

FLORIDA ASSOCIATION FOR PROFESSIONAL HYPNOSIS, I
NC.

Principal Place of Business

2105 PARK AVE., STE. 12
ORANGE PARK FL 32073
US

Mailing Address

9737 FAIRWAY CIRCLE
LEESBURG FL 34788
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1971

4. FEI Number

59-2178435

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 2105 Park Avenue

Suite, Apt. #, etc.

27 Suite 12

City & State

28 Orange Park, FL

Zip

29 32073

Country

30 Clay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEDROTTIS, ELIZABETH M
2105 PARK AVE., SUITE 12
ORANGE PARK FL 32073

81 Name Home Address

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

83 1869 Farm Way

84 City Middleburg

FL

85 Zip Code 32068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Elizabeth M. Gedrottis, Chairman Board of Directors

3-7-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME KLEIN, LAVERN N
STREET ADDRESS 7321 VENTURA AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☒ DELETE
NAME TOP D BUDDY
STREET ADDRESS 7626 CLEMENTINE WAY
CITY-ST-ZIP ORLANDO FL 32819-4610

TITLE P ☒ DELETE
NAME LEONARD, MARTHA S
STREET ADDRESS 115 ALBERT'S AVENUE
CITY-ST-ZIP INTERLACHEN FL

TITLE T ☒ DELETE
NAME YAWMAN, EARL J
STREET ADDRESS 107 GARDENIA PLACE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/C
1.3 STREET ADDRESS Elizabeth Gedrottis
1.4 CITY-ST-ZIP 2105 Park Ave., Suite 12

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Orange Park, FL 32073
2.3 STREET ADDRESS D/T Charles L. Dorsey
2.4 CITY-ST-ZIP 7893 Hogan Settlement Road

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Jacksonville, FL 32221
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D/S Edward A. Wilbanks
4.3 STREET ADDRESS 1909 Arthur Avenue
4.4 CITY-ST-ZIP Panama City, FL 32405

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Elizabeth M. Gedrottis, Chairman Board of Directors

Date

904-264-8851

CR2E034 (11/98)