FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # **734997** **(0)**

1. Corporation Name

FLORIDA INSTITUTE OF PSYCHOPHYSICAL INTEGRATION, INC.

Principal Place of Business	Mailing Address
INTEGRATION, INC. 5837 MARINER DRIVE TAMPA FL 33609-3411	INTEGRATION, INC. 5837 MARINER DRIVE TAMPA FL 33609-3411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1777079 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~HILL, IRVING H.~~ Dr Joy K Johnson
5837 MARINER DRIVE
TAMPA, FL
33605

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 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 Joy K Johnson
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOY KALT	1.2 NAME	
STREET ADDRESS	5837 MARINER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	~~HILL, IRVING H.~~	2.2 NAME	
STREET ADDRESS	5837 MARINER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	VANDALL, HILARY	3.2 NAME	
STREET ADDRESS	9120 NE 32ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	3.4 CITY-ST-ZIP	
TITLE	Treasurer	4.1 TITLE	☐ Change ☐ Addition
NAME	Ellen Moore	4.2 NAME	
STREET ADDRESS	317 Rio Vista Ct	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33604	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joy K Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIR

Dr. Joy K. Johnson
5837 Mariner Dr.
Tampa, FL. 33609

28 Jan 95
Date
Daytime Phone #
813 286 2273

000300