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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 7
1. Corporation Name

737404

(4)

## DISCOVERY - THE GESTALT AND HUMANISTIC INSTITUTE , INC.

## FILED Apr 07 1997 8:00am Secretary of State



	Mailing Address								
1420 W BUSCH BLVD TAMPA FL 33612	1420 W BUSCH BLVD TAMPA FL 33612-7602								
					!	3. Date incorporated or Qualified 12/01/1976		e of Last I 4/24/19	
Principal Place of Business     2a. Mailing Address						4. FEI Number			pplied For
1		26				59-1724256			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		City & State				. 5	***		lequired
23		28				Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Count	try		8. This corporation has liability for in	ntangible t		
24	25	29	30					No	<del></del> ,
9. 1	lame and Address of Currer	nt Registered Agent				10. Name and Address of New Re	platered A	gent	
·			8	31   1	Name				
PERSONS, NA			8	32 5	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		·-····································
1420 W BUSC TAMPA FL 336			B	33					
IAMPA FL 330	012								
•			8	34	City		FL	85 Zip	Code
SIGNATURE:	3 Typed or printed name of registered age					ration submits this statement for the p on's board of directors. I hereby accept twhen relinstating)	DATE	·	
12.		D DIRECTORS	13.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
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4. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0048054