FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758327 (1)

1. Corporation Name
CENTER FOR SPIRITUAL AND HOLISTIC HEALING, INC.

Mailing Address
~~POST OFFICE BOX 17026~~
~~WEST PALM BEACH FL 33416-7026~~
US

Principal Place of Business
201 N. FLAGLER DRIVE
SUITE 11
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 201 N. Flagler Drive	26 same
Suite, Apt. #, etc. 22 Suite 11	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28
Zip 24 33401 Country 25 U.S.	Zip 29 Country 30

3. Date Incorporated or Qualified: 05/13/1981

3a. Date of Last Report: 03/30/1993

4. FEI Number: 59-2094357

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 Exempt from $138.75 Supplemental Fee [X]

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LEGGETT, ANTHONY
201 N. FLAGLER DRIVE #11
WEST PALM BEACH FL 33401

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	LEGGETT, ANTHONY	1.2 NAME	
1.3 STREET ADDRESS	400 N. FLAGLER DR. #702	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	W. PALM BEACH FL	1.4 CITY, ST, ZIP	
2.1 TITLE	S/T/D	2.1 TITLE	
2.2 NAME	GRAMENZ, KAREN	2.2 NAME	100001480031
2.3 STREET ADDRESS	108 W CYPRESS RD	2.3 STREET ADDRESS	-05/09/95--01020--024
2.4 CITY, ST, ZIP	LAKE WORTH, FL 00000	2.4 CITY, ST, ZIP	*****61.25 *****61.25
3.1 TITLE	V/D	3.1 TITLE	
3.2 NAME	BAKER, KRISTINE	3.2 NAME	
3.3 STREET ADDRESS	708 HARBOUR POINT WAY	3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	GREENACRES FL	3.4 CITY, ST, ZIP	
4.1 TITLE	D	4.1 TITLE	
4.2 NAME	LEGGETT, JOAN	4.2 NAME	
4.3 STREET ADDRESS	400 N FLAGLER DR #702	4.3 STREET ADDRESS	$875
4.4 CITY, ST, ZIP	WEST PALM BEACH FL	4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing [illegible] Florida Statutes [illegible]

SIGNATURE: Karen K. Gramenz

Karen Gramenz Secy-Treas 4-27-95
~~A. J. Leggett, President 1/26/94~~ 407/655-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR