

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760379

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE FLORIDA SOCIETY OF CLINICAL HYPNOSIS, INC.

Current Principal Place of Business:

8227 SW 82 PLACE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8227 SW 82 PLACE
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-1900895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDNER, DIANE
8227 SW 82 PLACE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALONE, CHERYL LMHC
Address: 1417 N. SEMORAN BLVD., #216
City-St-Zip: ORLANDO, FL 32807

Title: TD () Delete
Name: WILLIAMS, FRED LCSW
Address: 1905 TYRONE BLVD.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PPD () Delete
Name: ROOP, SHAY ED.D.
Address: 1013 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: PED () Delete
Name: COLE, BRANDLY PH.D.
Address: 2301 NW 82 AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete
Name: SWINDALL, DAVID
Address: 5580 PARK BLVD., #6
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete
Name: ROBBIN, NANCY MD
Address: 2555 ENTERPRISE RD., #9-3
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE LINDNER, LCSW

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date