

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760379

FILED
Jan 03, 2012
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
Name: SCHAAFF, CHIP LMHC
Address: 950 S. TAMiami TRAIL, #202
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: SHENEFELT, PHILIP PH.D.
Address: 12901 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: TD
Name: SWINDALL, DAVID LMFT
Address: 5580 PARK BLVD., #6
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD
Name: DAMIS, LOUIS PH.D.
Address: 2441 W. SR 426, #1021
City-St-Zip: OVIEDO, FL 32765

Title: PPD
Name: BRANDLY, COLE PSY.D.
Address: 5200 NE 2 AVE.
City-St-Zip: MIAMI, FL 33137

Title: ED
Name: LINDNER, DIANE LCSW
Address: 8227 SW 82 PLACE
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: DIANE LINDNER, LCSW

ED

01/03/2012

Electronic Signature of Signing Officer or Director

Date