


FILE NOW: FILING FEE IS \$61.25

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90091 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 834344					
1. Corporation Name AMERICAN YOGA EDUCATIONAL ASSOCIATION, INC.					
Principal Place of Business 513 S ORANGE AVE. SARASOTA FL 34236 US			Mailing Address P.O. BOX 19986 SARASOTA FL 34276 US		



2. Principal Place of Business 21 5010 Vanderipe Rd. Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip Country 24 34241 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 05/16/1975 4. FEI Number 34-1095645 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent ROCKWOOD, PATRICIA 513 SOUTH ORANGE AVENUE SARASOTA FL 34236				10. Name and Address of New Registered Agent 81 Name Rockwood, Patricia 82 Street Address (P.O. Box Number is Not Acceptable) 4720 Sloan Ave. 83 84 City Sarasota FL 85 Zip Code 34233			
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11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE PATRICIA ROCKWOOD 4/1/99
Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROCKWOOD, PATRICIA		1.2 NAME				
STREET ADDRESS	3360 S OSPREY AVE		1.3 STREET ADDRESS	4720 Sloan Ave.			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34233			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHRISTENSEN, ALICE H		2.2 NAME				
STREET ADDRESS	513 S. ORANGE AVENUE		2.3 STREET ADDRESS	5010 Vanderipe Rd.			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34241			
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRANT, STEPHEN		3.2 NAME				
STREET ADDRESS	513 S. ORANGE AVENUE		3.3 STREET ADDRESS	5010 Vanderipe Rd.			
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34241			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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, with all other the empowered.

SIGNATURE: PATRICIA ROCKWOOD 4/1/99 941-927-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #