

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005450

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** HOMEOPATHS WITHOUT BORDERS, INC.

**Current Principal Place of Business:**

601 MCDONALD STREET  
UNIT 108  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

601 MCDONALD STREET  
UNIT 108  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 84-1343774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOAGLAND, JEAN  
601 MCDONALD STREET  
UNIT 108  
MOUNT DORA, FL 32757 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: HOAGLAND, JEAN  
Address: 601 MCDONALD STREET #108  
City-St-Zip: MOUNT DORA, FL 32757

Title: TD  
Name: LILLARD, JOE  
Address: 601 MCDONALD STREET #108  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD  
Name: SIKORSKI, KIM MD  
Address: 601 MCDONALD STREET #108  
City-St-Zip: MOUNT DORA, FL 32757

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: JEAN HOAGLAND

PD

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date