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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

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DOCUMENT # L25737

1. Corporation Name

SARASOTA SCHOOL OF NATURAL HEALING ARTS, INC

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|---|--|---|--|--|--|---------------------------|
| SARASOTA FL | 11-TRAIL 1628 Boathouse 94290 Cir. # 6116 | SARASOTA FL 34238 Ci | 28 Boathuse r. #6116 | DO NOT WRI | TE IN THIS SPACE | |
| 39 | 123/ | 3423/ | | Date Incorporated or Qualifed 10/26/1989 | and the same of | |
| | ace of Business Boothouse Cy | 2a. Mailing Address 26 1628 Boath | ouse Cir. | 4. FEI Number 65-0153358 | Not a | ied For Applicable |
| Suite, Apt. 1 22 G [] | <u>.6</u> | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | □ \$8.75 Ad Fee Req | uired |
| City & State | vota I-L - | 28 Sarasota | PL | 6. Election Campaign Financing Trust Fund Contribution | □ \$5.00 M Added to | · 1 |
| zip 24 3 1 ユラ | Country 3 25 USA | 29 3 95 3 30 | Country | This corporation owes the curl Personal Property Tax. Name and Address of New I | ☐ Yes [| □No |
| | 9. Name and Address of Current | Registered Agent | 81 Name | | E/16 | |
| DUNKESON, ISABELLE 1628 BOATHOUSE CO SARASOTA FL 34238 # G 116 | | | 7. 82 Street Ac | DUNKESON, ISAK Idress (P.O. Box Number is Not Accept Boathouse Cur., 41 | able) \$116 | ` |
| Shiri | # G | 116 | 83 | | | |
| | | | 84 CitySa | rasota | FL 85 Zip Co | 13/ |
| 11. Pursuant t | | | | | Calcana Cardon a | |
| office or re agent. I ar | to the provisions of Sections 507.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Plorida, Such change was authons of, Section 607.0505, Florida | the above-named co orized by the corpora a Statutes. | ation's board of directors. I hereby accel | purpose of changing its rept the appointment as regi | egistered stered |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, hold or printed name of registered agent a | Florida, Such change was authons of, Section 607.0505, Florida und title if applicable. (NOTE: Re | the above-named co orized by the corpora a Statutes. | ation's board of directors. I hereby accel | 15/99 DATE | |
| office or reagent. I are SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, hold or printed name of registered agent a OFFICERS AND | Florida, Such change was authons of, Section 607.0505, Florida and Wills if applicable. (NOTE: ReDIRECTORS | the above-named or orized by the corpora a Statutes. gistered Agent signature required. | aried when (einstating) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTOR | |
| office or reagent. I are SIGNATURE 12. | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a state of fami | Florida, Such change was authons of, Section 607.0505, Florida Mile II applicable. (NOTE: ReDIRECTORS | the above-named occorized by the corpora a Statutes. gistered Agent signature required 13. | arred when reinstating) ADDITIONS/CHANGES TO DE | Definition of the property of | S IN 12 |
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14. I hereby certify that the information supplied with this filling 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 607, 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 like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

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SIGNATURE

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/99 941966-7112

☐ Change

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