

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L25737

1. Corporation Name

SARASOTA SCHOOL OF NATURAL HEALING ARTS, INC.

Principal Place of Business

Mailing Address

~~8216 S TAMAMI TRAIL~~ 1628 Boathouse  
SARASOTA FL 34238 Cir. # G116  
34231

~~8216 S TAMAMI TRAIL~~ 1628 Boathouse  
SARASOTA FL 34238 Cir. # G116  
34231



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

65-0153358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1628 Boathouse Cir

26 1628 Boathouse Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 G116

27 G116

City & State

City & State

23 Sarasota FL

28 Sarasota FL

Zip Country

Zip Country

24 34231 25 USA

29 34231 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNKESON, ISABELLE

~~8216 S TAMAMI TRAIL~~ 1628 Boathouse Cir.  
SARASOTA FL 34238 # G116

81 Name DUNKESON, ISABELLE

82 Street Address (P.O. Box Number is Not Acceptable)  
1628 Boathouse Cir. # G116

83

84 City Sarasota

85 Zip Code FL 34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Isabelle Dunkeson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDVT ☒ DELETE  
NAME DUNKESON, ISABELLE  
STREET ADDRESS ~~8216 S TAMAMI TRAIL~~ 1628 Boathouse Cir.  
CITY-ST-ZIP SARASOTA FL 34238 # G116

1.1 TITLE PDVT ☒ Change ☐ Addition  
1.2 NAME DUNKESON, ISABELLE  
1.3 STREET ADDRESS 1628 Boathouse Cir. # G116  
1.4 CITY-ST-ZIP Sarasota FL 34231

TITLE S ☒ DELETE  
NAME DUNKESON, ISABELLE  
STREET ADDRESS ~~8216 S TAMAMI TRAIL~~ 1628 Boathouse Cir.  
CITY-ST-ZIP SARASOTA FL 34238 # G116

2.1 TITLE S ☒ Change ☐ Addition  
2.2 NAME DUNKESON, ISABELLE #  
2.3 STREET ADDRESS 1628 Boathouse Cir. # G116  
2.4 CITY-ST-ZIP Sarasota FL 34231

TITLE 34231 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE: *Isabelle Dunkeson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 941 966-7112  
Date Daytime Phone #