

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N00000000999

1. Entity Name

IMAGINE WORLD HEALTH, INCORPORATED



Principal Place of Business

Mailing Address

105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714

105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3627836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEARNS, DAVID
105 E. DOLPHIN BLVD.
PONTE VEDRA BCH FL 32082-1714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

5494 3/27/07

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STEARNS, DAVID E
STREET ADDRESS 105 E. DOLPHIN BLVD.
CITY- ST- ZIP PONTE VEDRA BCH FL 32082-1714

TITLE ☐ Change ☐ Addition
NAME U00000683551
STREET ADDRESS 04/05/07-80049-010 61.25
CITY- ST- ZIP

TITLE D ☐ Delete
NAME STEARNS, KAREN
STREET ADDRESS 105 E. DOLPHIN BLVD.
CITY- ST- ZIP PONTE VEDRA BCH FL 32082-1714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME STEARNS, EDWIN K
STREET ADDRESS 4532 MIDDLETON PARK CI W
CITY- ST- ZIP JACKSONVILLE FL 32224-6627

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME MILAM, JUDY
STREET ADDRESS 333 PABLO POINT DR.
CITY- ST- ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME STEARNS, ROSEMARY
STREET ADDRESS 3875 SAN PABLO RD. #214
CITY- ST- ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Stearns

3/27/07 904 285 0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print on Block #