

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000999

1. Entity Name
IMAGINE WORLD HEALTH, INCORPORATED



Principal Place of Business
**105 E. DOLPHIN BLVD.
PONTE VEDRA BCH, FL 32082-1714**

Mailing Address
**105 E. DOLPHIN BLVD.
PONTE VEDRA BCH, FL 32082-1714**



03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627836

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

#5557 \$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEARNS, DAVID E 105 E. DOLPHIN BLVD. PONTE VEDRA BCH, FL 320821714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, KAREN 105 E. DOLPHIN BLVD. PONTE VEDRA BCH, FL 320821714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, EDWIN K 4532 MIDDLETON PARK CI W JACKSONVILLE, FL 322246627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILAM, JUDY 333 PABLO POINT DR. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, ROSEMARY 3875 SAN PABLO RD. #214 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000864888
04/07/08-80005-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 904 285 0240

Date

Daytime Phone #