

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003576

FILED
Jun 27, 2007
Secretary of State

Entity Name: CENTER FOR EDUCATION, TRAINING, AND HOLISTIC APPROACHES, INC.

Current Principal Place of Business:

14610 MILITARY TRAIL
G-1
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

777 E. ATLANTIC AVENUE
Z-242
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1011102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERNADEL, JOSEPH M
394 SE 5TH AVE
DELRAY BEACH, FL 33483 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: AM () Delete
Name: BERNADEL, JOSEPH
Address: 777 E. ATLANTIC AVENUE # 242
City-St-Zip: DELRAY BEACH, FL 33483

Title: AM () Delete
Name: ALLERDYCE, DIANE
Address: 777 E. ATLANTIC AVENUE # 242
City-St-Zip: DELRAY BEACH, FL 33483

Title: DST () Delete
Name: SALOMON, JOEL
Address: 10438 DORCHESTER DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: ST () Delete
Name: FAULDS, W. ROD
Address: FAU UNIVERSITY GALLENS
City-St-Zip: BOCA RATON, FL 33428

Title: BM () Delete
Name: WEISS, GLENN
Address: 777 GLADES RD
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH BERNADEL

AM

06/27/2007

Electronic Signature of Signing Officer or Director

Date