

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90073 050 ****70.00

DOCUMENT # N00000006131					
1. Entity Name THE POSITIVE THINKERS CENTER FOR STRESS AND ANXIETY, INC.					
Principal Place of Business C/O HELEN G JAMES 3242 TONY JAMES TR TALLAHASSEE, FL 32311			Mailing Address 2623 GERALD DRIVE TALLAHASSEE, FL 32310-6505		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3674158				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, HELEN G 2623 GERALD DR TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name <u>Helen G James-Powell</u> Street Address (P.O. Box Number is Not Acceptable) 2623 Gerald Drive City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32310-6505</u>		
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 <u>Helen G James-Powell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					<u>04/17/2006</u> <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME JAMES, HELEN G		<input type="checkbox"/> Delete	TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2623 GERALD DR	CITY-ST-ZIP TALLAHASSEE, FL 32310			STREET ADDRESS 	CITY-ST-ZIP
TITLE VD	NAME BROWN, ANGELA		<input type="checkbox"/> Delete	TITLE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4433 WESTOVER DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 32303			STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME POWELL, LAVERN		<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3023 POWELL ROAD	CITY-ST-ZIP TALLAHASSEE, FL 32312			STREET ADDRESS Thelma Hopkin 3502 Deear Lane Drive Tallahassee, Florida	CITY-ST-ZIP 32312
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS Derotha Jones 32 Victoia Avenue Havana, Florida	CITY-ST-ZIP 32333
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS Dorothy Henderson 269 White Oak Drive Tallahassee, Florida	CITY-ST-ZIP 32305
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP
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:			Helen G James-Powell		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/2006 (850) 488 0178		<small>Date Daytime Phone #</small>