

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006131

FILED
May 14, 2007
Secretary of State

Entity Name: THE POSITIVE THINKERS CENTER FOR STRESS AND ANXIETY, INC.

Current Principal Place of Business:

C/O HELEN G JAMES
3242 TONY JAMES TR
TALLAHASSEE, FL 32311

New Principal Place of Business:

C/O HELEN G JAMES-POWELL
3242 TONY JAMES TR
TALLAHASSEE, FL 32311

Current Mailing Address:

2623 GERALD DRIVE
TALLAHASSEE, FL 323106505

New Mailing Address:

FEI Number: 59-3674158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

JAMES-POWELL, HELEN G
2623 GERALD DR
TALLAHASSEE, FL 323106505 US

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: TD () Delete
Name: JAMES, HELEN G
Address: 2623 GERALD DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: M () Delete
Name: BROWN, ANGELA
Address: 4433 WESTOVER DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HOPKIN, THELMA
Address: 3502 DEER LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: JONES, DEROTHA
Address: 32 VICTOIA AVE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: HENDERSON, DOROTHY
Address: 269 WHITE OAK DR
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: JAMES-POWELL, HELEN G
Address: 2623 GERALD DR
City-St-Zip: TALLAHASSEE, FL 32310

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: HELEN JAMES-POWELL

TD

05/14/2007

Electronic Signature of Signing Officer or Director

Date