

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006131

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



Principal Place of Business
**C/O HELEN G JAMES-POWELL
3242 TONY JAMES TR
TALLAHASSEE, FL 32311**

Mailing Address
**2623 GERALD DRIVE
TALLAHASSEE, FL 32310-6505**



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3674158

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMES-POWELL, HELEN G
2623 GERALD DR
TALLAHASSEE, FL 32310-6505**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JAMES-POWELL, HELEN G
2623 GERALD DR
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
BROWN, ANGELA
4433 WESTOVER DRIVE
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOPKIN, THELMA
3502 DEER LANE DR
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JONES, DEROTHA
32 VICTORIA AVE
HAVANA, FL 32333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENDERSON, DOROTHY
269 WHITE OAK DR
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000937576
05/27/08-80057-003 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:

Helen G. James-Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

487 0511
Daytime Phone #