

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006967

FILED
May 10, 2004
Secretary of State**Entity Name:** HEALING ARTS ALLIANCE OF TAMPA BAY, INC**Current Principal Place of Business:**26403 CHIANINA DRIVE
ZEPHYRHILLS, FL 33544**New Principal Place of Business:**4908 CREEKSIDE DRIVE
CLEARWATER, FL**Current Mailing Address:**26403 CHIANINA DRIVE
ZEPHYRHILLS, FL 33544**New Mailing Address:**PO BOX 26875
TAMPA, FL 33623**FEI Number:** 59-3748271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KALAJIAN, ROSE
26403 CHIANINA DRIVE
ZEPHYRHILLS, FL 33544 US**Name and Address of New Registered Agent:**CHANG, EVA
PO BOX 26875
TAMPA, FL 33623 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: EVA CHANG

05/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KALAJIAN, ROSE
Address: 26403 CHIANINA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: D () Delete
Name: SCHEER, LAURIE
Address: 748 28TH AVE. N
City-St-Zip: ST. PETERSBURG, FL 33704

Title: TD () Delete
Name: CHANG, EVA
Address: 318 FOUNTAINVIEW CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: MILLEN, ROGER
Address: 304 16TH AVE.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD () Delete
Name: WILSON, DEBORAH
Address: 1117 PINELLAS BAYWAY S. #102
City-St-Zip: TIERRA VERDE, FL 33715

Title: D () Delete
Name: CHUDNOW, JOEL
Address: 4311 W. NORTH A ST. #107
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMILLEN, ROGER
Address: P. O. BOX 26875
City-St-Zip: TAMPA, FL 33623

Title: VD (X) Change () Addition
Name: LORI, GREEN
Address: PO BOX 26875
City-St-Zip: TAMPA, FL 33623

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

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

Title: D (X) Change () Addition
Name: LISA, SEWARD
Address: 28960 US HWY 19 N.
City-St-Zip: CLEARWATER, FL 33761

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EVA CHANG

TREA

05/10/2004

Electronic Signature of Signing Officer or Director

Date