

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006967

FILED
Aug 07, 2005
Secretary of State

Entity Name: HEALING ARTS ALLIANCE OF TAMPA BAY, INC

Current Principal Place of Business:

4908 CREEKSIDE DRIVE
CLEARWATER, FL

New Principal Place of Business:

PO BOX 26875
TAMPA, FL 33623

Current Mailing Address:

PO BOX 26875
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-3748271 **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:

CHANG, EVA
PO BOX 26875
TAMPA, FL 33623 US

Name and Address of New Registered Agent:

CHANG, EVA
318 FOUNTAINVIEW CIRCLE
OLDSMAR, FL 34677 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: _____

08/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: CHANG, EVA
Address: P. O. BOX 26875
City-St-Zip: TAMPA, FL 33623

Title: VD (X) Change () Addition
Name: SEWARD, LISA
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: GALLETLY, HELEN
Address: PO BOX 26875
City-St-Zip: TAMPA, FL 33623

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

PD

08/07/2005

Electronic Signature of Signing Officer or Director

Date