


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90029 041 ****61.25

DOCUMENT # N02000000177 1. Entity Name FLORIDA COMMUNITY OF MINDFULNESS, INC.			
Principal Place of Business 99 NORTH STREET NAPLES, FL 34108		Mailing Address PO BOX 111465 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # 79 RIDGE DRIVE		3. Mailing Address Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State Suite, Apt. #, etc.	
Zip 34108		Country USA	
4. FEI Number 59-3761318		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIS, ANDREW I ESQ SIKET & SOLIS 1100 5TH AVE SOUTH STE 301 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD LUCIA, JOE 4490 7TH AVE NE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETT, JACQUOLYN 1900 41ST STREET NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLIS, ANDREW 79 RIDGE DRIVE NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D SOLIS, ANDREW 79 RIDGE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, ANGIE 311 HANLON ST TAMPA, FL 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD, VP PARRISH, ANGELA 1910 W. DEKLE AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHROEDER, BETH 188 NORTH LAKE DRIVE NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLMER, Bill 662 EAST ROCKS DRIVE SANIBEL, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUEAN, PATRICIA 5744 WOODMERE LAKE CIR NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGAN, PATRICIA 5744 WOODMERE LAKE CIRCLE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplementary 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: <u>Andrew Solis</u> ANDREW SOLIS, PRES.		8/15/07 239 595-9502	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	