


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N02000000177 |  |
| 1. Entity Name FLORIDA COMMUNITY OF MINDFULNESS, INC. | |

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| Principal Place of Business 79 RIDGE DRIVE NAPLES, FL 34108 | Mailing Address PO BOX 111465 NAPLES, FL 34108 |
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02152008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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| 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 | |

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| 6. Name and Address of Current Registered Agent SOLIS, ANDREW I ESQ SIKET & SOLIS 1100 5TH AVE SOUTH STE 301 NAPLES, FL 34102 |
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**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

1100000888899
04/22/08-80032-023 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHUETT, JACQULYN 1900 41ST STREET NORTH SAINT PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SOLIS, ANDREW 79 RIDGE DRIVE NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDVP PARRISH, ANGIE 311 HANLON ST TAMPA, FL 33604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VOLLMER, BILL 662 EAST ROCKE DRIVE SANIPOEL, FL 33597 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUGAN, PATRICIA 5744 WOODMERE LAKE CIR NAPLES, FL 34112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **4-7-08 813-636-3070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #