

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000177

FILED
Mar 19, 2009
Secretary of State

Entity Name: FLORIDA COMMUNITY OF MINDFULNESS, INC.

Current Principal Place of Business:

79 RIDGE DRIVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

PO BOX 111465
NAPLES, FL 34108

New Mailing Address:

PO BOX 3774
ST PETERSBURG, FL 33704

FEI Number: 59-3761318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLIS, ANDREW I ESQ
SIKET & SOLIS
1100 5TH AVE SOUTH STE 301
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHUETT, JACQULYN
Address: 1900 41ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: PTD () Delete
Name: SOLIS, ANDREW
Address: 79 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SDVP () Delete
Name: PARRISH, ANGIE
Address: 311 HANLON ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: VOLLMER, BILL
Address: 662 EAST ROCKE DRIVE
City-St-Zip: SANIPOEL, FL 33597

Title: D () Delete
Name: DUGAN, PATRICIA
Address: 5744 WOODMERE LAKE CIR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SCHUETT, JACQULYN
Address: 1900 41ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: TD (X) Change () Addition
Name: SOLIS, ANDREW
Address: 79 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: PTD (X) Change () Addition
Name: PARRISH, ANGELA
Address: 2320 BREVARD ROAD NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: D (X) Change () Addition
Name: STEWART, DARLENE
Address: 4 OCEANS WEST BLVD, UNIT 608B
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D (X) Change () Addition
Name: BUSH, CHRIS
Address: PO BOX 178
City-St-Zip: BONLEE, NC 27213

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANGELA PARRISH

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date