

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90211 007 \*\*\*\*61.25

**DOCUMENT # N02000000485**

1. Entity Name  
**BODY & SOUL YOGA COOPERATIVE, INC.**



Principal Place of Business  
**1919 1/2 MORRILL ST  
SARASOTA, FL 34236**

Mailing Address  
**1919 1/2 MORRILL ST  
SARASOTA, FL 34236**



03192005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0398053**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, TERRY LYNN  
1919 1/2 MORRILL ST  
SARASOTA, FL 34236**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, TERRY LYNN 1919 1/2 MORRILL ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITER, MICHAEL 591 HIBISCUS WAY LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JAYE 4006 RADNER PL SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAR, AUDREY 99 S. LINKS AVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JOANIE 2349 CONSTITUTION BLVD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGENNARO, RICHARD 988 BLVD OF THE ARTS #1414 SARASOTA, FL 34236

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**

*[Handwritten Signature]*

*Terry Wagner, President 4/24/05 (941) 955-2639*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #