

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002689

FILED
Jan 16, 2007
Secretary of State

Entity Name: THE AVALON SCHOOL OF ASTROLOGY, INC.

Current Principal Place of Business:

6212 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

6212 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 04-3643971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COCHRANE, FEI T
2456 NW 37TH TERRACE
GAINESVILLE, FL 32605 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: P () Delete
Name: COCHRANE, FEI T
Address: 6212 NW 43RD STREET, SUITE B
City-St-Zip: GAINESVILLE, FL 32653

Title: BD () Delete
Name: COCHRANE, DAVID J
Address: 6212 NW 43RD STREET, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: FEI COCHRANE

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date