2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000003949

Entity Name: NATURAL TREATMENT OF DISEASES, INC.

Current Principal Place of Business:

1809 PRECIOUS CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1809 PRECIOUS CIRCLE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 04-3671199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORENSON, RICHARD A MR.
1809 PRECIOUS CIRCLE
APOPKA, FL 32712 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:	SORENSON, RICHARD A MR.	
Address:	1809 PRECIOUS CIRCLE	
City-St-Zip:	APOPKA, FL 32712	
Title:	VP	( ) Delete
Name:	PIERCE, JOHN G ESQUIRE	
Address:	800 NORTH FERNCREEK AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	S	( ) Delete
Name:	SORENSON, ANNAMAY MRS.	
Address:	1809 PRECIOUS CIRCLE	
City-St-Zip:	APOPKA, FL 32712	
Title:	D	( ) Delete
Name:	THEMY, C. DEAN MR.	
Address:	4850 SOUTH HIGHLAND CIRCLE	
City-St-Zip:	HOLLADAY, UT 84117	
Title:	D	( ) Delete
Name:	FISHER, RICHARD MR.	
Address:	FEDERATED TOWER	
City-St-Zip:	PITTSBURGH, PA 15222	
Title:	D	( ) Delete
Name:	SORENSON, ANNAMAY MRS.	
Address:	1809 PRECIOUS CIRCLE	
City-St-Zip:	APOPKA, FL 32712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: RICHARD A. SORENSON P 04/30/2005

Electronic Signature of Signing Officer or Director — Date