

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004119

FILED
Apr 30, 2009
Secretary of State

Entity Name: COLLOQUIUM ON QUANTUM PHYSICS, CONSCIOUSNESS, AND BEING, CORP.

Current Principal Place of Business:

5232 MINTO ROAD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1019
BOCA RATON, FL 33429

New Mailing Address:

5232 MINTO ROAD
BOYNTON BEACH, FL 33437

FEI Number: 27-0016792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHREVE, RICHARD
5232 MINTO ROAD
BOYNTON BEACH, FL 33437 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/T () Delete
Name: HANKS, ALVIN L
Address: 11011 NE FINN HILL LOOP
City-St-Zip: CARLTON, OR 97111

Title: C/P () Delete
Name: JARICA, CORNELIA
Address: P.O. BOX 1019
City-St-Zip: BOCA RATON, FL 33429

Title: D () Delete
Name: JONES, ALFRED W
Address: 4750 S OCEAN BLVD #205
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D/T () Delete
Name: REDDY, D.V.
Address: 4782 ORCHARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: ROTH, BERTHOLD
Address: ECKERTSWEHR 11
City-St-Zip: KREUZTAL, GE 57223

Title: D () Delete
Name: SHREVE, RICHARD R
Address: 5232 MINTO RD
City-St-Zip: BOYNTON BEACH, FL 33437

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 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: CORNELIA JARICA

C/P

04/30/2009

Electronic Signature of Signing Officer or Director

Date