2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# N02000005246

Entity Name: GENTLE SPIRIT DOULAS, INC.

Current Principal Place of Business:

4421 SW PALEY ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4421 SW PALEY ROAD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINCHELL, REGENA H
641 NE ZEBRINA SENDA
JENSEN BEACH, FL 34957 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: ADV ( ) Delete
Name: PARISI, SANDRA
Address: 12963 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: SECT ( ) Delete
Name: WINCHELL, REGENA H
Address: 641 NE ZEBRINA SENDA
City-St-Zip: JENSEN BEACH, FL 34957

Title: PRES ( ) Delete
Name: CLARK, BERNADETTE
Address: 4421 SW PALEY ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: WINCHELL, REGENA H
Address: 641 N E ZEBRINA SENDA
City-St-Zip: JENSEN BEACH, FL 34957

Title: TREA ( ) Delete
Name: WINCHELL, REGENA H
Address: 641 NE ZEBRINA SENDA
City-St-Zip: JENSEN BEACH, FL 34957

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:

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: BERNADETTE CLARK PRES 06/05/2009
Electronic Signature of Signing Officer or Director — Date