

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N02000007447

Entity Name: BARBARA BRENNAN CENTER FOR RESEARCH AND HEALING, INC.

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 22-3881904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRENNAN, BARBARA
500 NE SPANISH RIVER BLVD SUITE 208
BOCA RATON, FL 33431 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: PD () Delete
Name: BRENNAN, BARBARA
Address: 500 NE SPANISH RIVER BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: VD (X) Delete
Name: PAE, SHERRY
Address: PO BOX 126
City-St-Zip: DAUPHIN, PA 17018

Title: D (X) Delete
Name: KEENE, LAURIE
Address: 146 W MAIN STREET
City-St-Zip: COLLINSWOOD, PA 17003

Title: STD (X) Delete
Name: LOWRY, TIMOTHY
Address: 7145 DEVENSHIRE LANE
City-St-Zip: MISSOULA,, MT 59840

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:

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: BARBARA BRENNAN

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date