

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90051 048 \*\*\*\*70.00

**DOCUMENT # N02000009430**

1. Entity Name

THE I.W. LANE COLLEGE OF INTEGRATIVE MEDICINE  
FOUNDATION, INC.



Principal Place of Business

445 N. WYMORE RD.  
WINTER PARK FL 32789

Mailing Address

445 N. WYMORE RD.  
WINTER PARK FL 32789

30016603



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

445 N. Wymore Rd

3. Mailing Address

445 N WYMORE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FLORIDA

City & State

WINTER PARK FLORIDA

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

4. FEI Number

03-0496387

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL B MD  
445 N. WYMORE RD.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael B Miller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GELDNER, R WILSON	
STREET ADDRESS	1517 E ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801-2121	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL B	
STREET ADDRESS	445 WYMORE RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, BOB L	
STREET ADDRESS	301 S BRONOUGH ST STE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, J. WILLIAM	
STREET ADDRESS	445 N. WYMORE ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEESMAN, DAVID A.	
STREET ADDRESS	445 N. WYMORE ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael B Miller, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

407-629-6991

Daytime Phone #