

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004205

FILED  
Feb 02, 2005  
Secretary of State

**Entity Name:** FOUNDATION FOR THE ADVANCEMENT OF CONTEMPORARY ORIENTAL MEDICINE, INC.

**Current Principal Place of Business:**

4150 NW 93 AVE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

405 SE 6TH LANE  
HIGH SPRINGS, FL 32643 US

**Current Mailing Address:**

4150 NW 93 AVE  
GAINESVILLE, FL 32653

**New Mailing Address:**

405 SE 6TH LANE  
HIGH SPRINGS, FL 32643

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUDD, HARVEY  
4150 NW 93 AVE  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

MESH, MARILYN  
405 SE 6TH LANE  
HIGH SPRINGS, FL 32643 US

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: MARILYN MESH

02/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TP ( ) Delete  
Name: HUDDLESTON, JOHN  
Address: 9303 NW 59 LN  
City-St-Zip: GAINESVILLE, FL 32653

Title: DS ( ) Delete  
Name: MESH, MARILYN C  
Address: P.O. BOX 3190  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: DT ( ) Delete  
Name: BUDD, HARVEY  
Address: 4150 NW 93 AVE  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MESH, MARILYN C  
Address: 405 SE 6TH LANE  
City-St-Zip: HIGH SPRINGS, FL 32643

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: MARILYN MESH

DS

02/02/2005

Electronic Signature of Signing Officer or Director

Date