2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N04000004205

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

Current Principal Place of Business:

405 SE 6TH LANE
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

6290 GRANDVIEW COURT
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

405 SE 6TH LANE
HIGH SPRINGS, FL 32643

New Mailing Address:

6290 GRANDVIEW COURT
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 20-1067911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

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

Name and Address of New Registered Agent:

GOULD, GINA C SEC
6290 GRANDVIEW COURT
KEYSTONE HEIGHTS, FL 32656 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: GINA C. GOULD 05/01/2009
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: 405 SE 6TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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: GOULD, GINA C
Address: 6290 GRANDVIEW COURT
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: GINA C. GOULD PS 05/01/2009
Electronic Signature of Signing Officer or Director Date