## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N04000006711

1. Entity Name



FILED Apr 23, 2007 8:00 am Secretary of State

THE GOLDEN YEARS MASSAGE FOUNDATION, INC.					VI	-25-2007 50	7075 V <del>1</del> 0	01.2		
4127 NW 34	ce of Business ATH PLACE E, FL 32606	Mailing Address 4127 NW 34TH PLACE GAINESVILLE, FL 32606	•	:	i,					
2. Principal F	Place of Business - No P.O. Box#	3. Mailing Address								
		7226 NW 5	226 NW 52 Terr		1 16234187 E13 S6131		ı salın serre êtrif	1020) 1100) 11		
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	<u></u>		04212007 Chg-NP CR2E037 (12/06)					
		Gainesuille			4. FEI Number 20-1344241			<del> </del>	pplied For ot Applicable	
Zip	Country	Zip	Country			· · · · · · · · · · · · · · · · · · ·		8.75 Ad		
3265		.1	USA		5. Certificate of St	atus Desired		ee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Aç	jent		
KATTELL, RENEE				Name Kattell, Rene'e						
4127 NW	34TH PLACE		Street A	Street Address (P.O. Box Number is Not Acceptable)						
GAINESVILLE, FL 32606				722/ 11.) = 0 = 7						
			City	226	<u> NW 5</u>	2 Terr		Zip Cod	lo.	
			G		suille	· · · · · · · · · · · · · · · · · · ·	<u>FL</u>	32	653	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its reg	istered office of	r registere	ed agent, or both, in	the State of Flo	rida. I am fa	miliar with,	, and accept	
J	3									
SIGNATURE										
	Signature, typed or printed name of registered agent :	and the ir appacable. (NOTE: Hec	gistered Agent signat	mue uadimuad /	windii remseasig)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Cont	ign Financing		\$5.00 May Be Added to Fees		ake check (			
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Benee Kattell Renee Kattell

4-20-07 (352)336-1316

<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.