2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N04000009888

Entity Name: THE MINDFUL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

11983 N TAMIAMI TRAIL SUITE 110
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11983 N TAMIAMI TRAIL SUITE 110
NAPLES, FL 34110

New Mailing Address:

FEI Number: 14-1916189 **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:

MCARDLE, MICHAEL W
711 5TH AVE SOUTH SUITE 209
NAPLES, FL 34102 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. ( ) Change (X) Addition
Name: STEC, VALERIE A
Address: 11983 TAMIAMI TRAIL NORTH SUITE 110
City-St-Zip: NAPLES, FL 34110 US

Title: MR. ( ) Change (X) Addition
Name: LOMBARD, CHRIS
Address: 11983 TAMIAMI TRAIL NORTH SUITE 110
City-St-Zip: NAPLES, FL 34110 US

Title: MR. ( ) Change (X) Addition
Name: SCHULZ, LES
Address: 11983 TAMIAMI TRAIL NORTH SUITE 110
City-St-Zip: NAPLES, FL 34110 US

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: VALERIE STEC MS. 07/07/2005

Electronic Signature of Signing Officer or Director — Date