

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009888

FILED  
Jan 08, 2007  
Secretary of State

**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:**

3341 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

11983 N TAMIAMI TRAIL SUITE 110  
NAPLES, FL 34110

**New Mailing Address:**

3341 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103

**FEI Number:** 14-1916189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

Title: MS. (X) Change ( ) Addition  
Name: STEC, VALERIE A  
Address: 3341 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: MR. (X) Change ( ) Addition  
Name: LOMBARD, CHRIS  
Address: 3341 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: MR. (X) Change ( ) Addition  
Name: STEC, SEAN  
Address: TWO NORTH LASALLE STREET SUITE 1650  
City-St-Zip: CHICAGO, IL 60602 US

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERIE A. STEC, M.S.W.

CEO

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date