

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003185

FILED
Jan 10, 2007
Secretary of State

Entity Name: MID - FLORIDA CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business:

3703 SW 13TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3703 SW 13TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-2119199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, JOHN D DR.
1107 E SILVER SPRINGS BLVD.
SUITE 6
OCALA, FL 34470 US

Name and Address of New Registered Agent:

RICHESON, MICAH T DR.
3703 SW 13TH ST
GAINESVILLE, FL 32608 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: MICAH T RICHESON

01/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRAZIER, JOHN D
Address: 1107 E SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34470

Title: DIR () Delete
Name: KEITH, RICHESON
Address: 3703 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA () Delete
Name: SWINSON, DOUG L II
Address: 5481 SW 60TH STREET, SUITE 302
City-St-Zip: OCALA, FL 34474

Title: SEC () Delete
Name: RICHESON, MICAH T
Address: 3603 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR. () Delete
Name: CHANCE, MICHAEL
Address: 1240 NW 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: DIR. () Delete
Name: SUGGS, LENDON
Address: 2 NW 101 COURT
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHESON, MICAH T
Address: 3703 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

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

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

Title: SEC (X) Change () Addition
Name: RICHESON, MATTHEW T
Address: 3603 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

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 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: MATTHEW T RICHESON

SEC

01/10/2007

Electronic Signature of Signing Officer or Director

Date