

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003296

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE CENTER FOR PRANIC HEALING AND WELLNESS, INC.

Current Principal Place of Business:

1010 NORTH 12TH AVENUE
SUITE 307
PENSACOLA, FL 32501

New Principal Place of Business:

206 CENTER STREET
SUITE B
GULF BREEZE, FL 32561

Current Mailing Address:

107 BAYBRIDGE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-2596860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRLEIGH, VICKI
96 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

WILLIAMS, CONNIE
107 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 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: CONNIE S. WILLIAMS

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WILLIAMS, CONNIE
Address: 107 BAYBRIDGE
City-St-Zip: GULF BRREEZE, FL 32561

Title: VICE () Delete
Name: FAIRLEIGH, VICKI
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: SECR () Delete
Name: LOTT, MARY ELLEN
Address: 616 NORTH BARCELONA
City-St-Zip: PENSACOLA, FL 32501

Title: TREA () Delete
Name: FAIRLEIGH, VICKI
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CONNIE WILLIAMS

RES

04/17/2007

Electronic Signature of Signing Officer or Director

Date