

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003296

FILED  
Jul 10, 2008  
Secretary of State

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

**Current Principal Place of Business:**

206 CENTER STREET  
SUITE B  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**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 ( )**  
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:**

**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: \_\_\_\_\_

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 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 S. WILLIAMS

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date