

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003470

1. Entity Name
INTERNATIONAL ASSOCIATION FOR SOUND, BREATH,
AND HEALING, INC.



Principal Place of Business
5530 1ST AVE. NORTH
ST. PETERSBURG, FL 33710

Mailing Address
5530 1ST AVE. NORTH
ST. PETERSBURG, FL 33710

FILED
Sep 05, 2008 08:00 AM
Secretary of State



08212008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
16-1761121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARBURTON, ROSEMARY
5530 1ST AVE. NORTH
ST. PETERSBURG, FL 33710

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, FREDERICK
STREET ADDRESS 4322 4TH AVE. SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE VD
NAME WARBURTON, ROSEMARY
STREET ADDRESS 5530 1ST AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE SD
NAME HALSTEAD, DEBORAH
STREET ADDRESS 901 PARK ST. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE D
NAME HILL, ROBERTA
STREET ADDRESS 4900 BRITTANY DR. SOUTH, APT. 1314
CITY-ST-ZIP ST. PETERSBURG, FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000959104
09/05/08-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemary Warburton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY WARBURTON 8-21-08

Date

Daytime Phone #

727-388-1444