

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003470

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 16-1761121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARBURTON, ROSEMARY
5530 1ST AVE. NORTH
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: JOHNSON, FREDERICK
Address: 4322 4TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VD () Delete
Name: WARBURTON, ROSEMARY
Address: 5530 1ST AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SD () Delete
Name: HALSTEAD, DEBORAH
Address: 901 PARK ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: HILL, ROBERTA
Address: 4900 BRITTANY DR. SOUTH, APT. 1314
City-St-Zip: ST. PETERSBURG, FL 33715

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: ROSEMARY WARBURTON

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date