

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010592

FILED
Apr 30, 2008
Secretary of State

Entity Name: MINDFULNESS EDUCATIONAL ENDOWMENT TRUST, INCORPORATED

Current Principal Place of Business:

40 BARKLEY CIRCLE STE 3
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

40 BARKLEY CIRCLE STE 3
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 51-0607455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, KATHERINE K
5470 BEAUJOLAIS
FORT MYERS, FL FL33919 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: D () Delete
Name: DENHAM, SUE L
Address: 613 LAKE MUREX CIRCLE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: DANSBY, HORACE P III MD
Address: 1435 S E 8TH TERRACE STE C
City-St-Zip: CAPE CORAL, FL 33990

Title: DC () Delete
Name: FREDEN, ARLENE
Address: 1606 N FOUNTAINHEAD ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: LOVE, KANDY
Address: 4265 ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: DVC () Delete
Name: MARS, LEE
Address: 2702 SW 13TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: DST () Delete
Name: POAGE, ELLEN RN
Address: 40 BARKLEY CIRCLE STE 3
City-St-Zip: FORT MYERS, FL 33907

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:

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: ARLENE A FREDEN

DC

04/30/2008

Electronic Signature of Signing Officer or Director

Date