

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003656

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR THE SCIENTIFIC STUDY OF SPIRITUAL AND COMPLEMENTARY HEALING INC

**Current Principal Place of Business:**

2401 BAYSHORE BLVD.,  
#1102  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

2401 BAYSHORE BLVD.,  
#1102  
TAMPA, FL 33629 US

**New Mailing Address:**

**FEI Number:** 26-2229427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSCOWITZ, IRA  
2401 BAYSHORE BLVD.,  
#1102  
TAMPA, FL 33629 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  
Name: CHRISTIAN, JOHN  
Address: 1308 GRANDVIEW DR.  
City-St-Zip: BLOOMSBURG, PA 17815

Title: D  
Name: CHRISTIAN, CONNIE  
Address: 1308 GRANDVIEW DR.  
City-St-Zip: BLOOMSBURG, PA 17815

I hereby 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 all other like empowered.

SIGNATURE: IRA MOSCOWITZ

DIR

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date