

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006384

FILED
Jul 27, 2009
Secretary of State

Entity Name: ASSOCIATION FOR INTEGRATIVE WELLNESS, INC.

Current Principal Place of Business:

8850 150TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

8850 150TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-3068369 **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:

STEPHEN S. MATHISON, P.A.
5606 PGA BLVD
SUITE 211
PALM BEACH GARDENS, FL 33418 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: PD () Delete
Name: DEWING, CAROL
Address: 156 DOLPHIN RD
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: MCGAVIN, SHERYL
Address: 165 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: SQUIER, DC PHILLIP
Address: 112 TURTLE CREEK DR
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: KING, ANNIE
Address: 7941 KATY FRWY, BOX 183
City-St-Zip: HOUSTON, TX 77024

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: SHERYL MCGAVIN

TD

07/27/2009

Electronic Signature of Signing Officer or Director

Date