

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000011976

FILED
Oct 27, 2011
Secretary of State

Entity Name: HOLISTIC HEALTH EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

2850 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

New Principal Place of Business:

2902 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

Current Mailing Address:

2850 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

New Mailing Address:

2902 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

FEI Number: 27-1482245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VETTER, BETHANN P
2850 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

VETTER, BETHANN P
2902 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH, FL 32250 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: BETHANN P. VETTER

10/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VETTER, BETHANN P
Address: 2902 ISABELLA BLVD, SUITE 50
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP
Name: YOUNG, DEBORAH L
Address: 3121 LA RESERVE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T
Name: BRIAN, DEAN
Address: 13220 COMPANION CIRCLE SOUTH
City-St-Zip: JACKSONVILLE,, FL 32224

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: BETHANN P. VETTER

PRES

10/27/2011

Electronic Signature of Signing Officer or Director

Date