2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

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Entity Name: HOLISTIC HEALTH EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

2902 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

New Principal Place of Business:

Current Mailing Address:

2902 ISABELLA BLVD
SUITE 50
JACKSONVILLE BEACH,, FL 32250

New Mailing Address:

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

Title: VP
Name: JENQUIN, MARILYN
Address: 283 THOMAS DRIVE
City-St-Zip: CASSELBERRY, FL 32704

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

Title: SEC
Name: SASSER, KAY
Address: 116 ALTA CIRCLE, NORTH
City-St-Zip: JACKSONVILLE, FL 32226

Title: DIR
Name: FREDDIE, ZERINGUE
Address: 8252 HEDGEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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 04/24/2012

Electronic Signature of Signing Officer or Director — Date