2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N14241

Entity Name: MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES, INC.

Current Principal Place of Business:

10424 LOVE CREEK ROAD
BEN LOMOND, CA 95005 US

New Principal Place of Business:

Current Mailing Address:

3 FRANCIS ST
BELMONT, MA 024782218 US

New Mailing Address:

FEI Number: 59-2751953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAMIGLIO, GEORGE C
1634 MAIN STREET
SARASOTA, FL 34236 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:	DP	( ) Delete
Name:	DOBLIN, RICHARD	
Address:	3 FRANCIS ST.	
City-St-Zip:	BELMONT, MA 024782218	
Title:	D	( ) Delete
Name:	HOME, MARYBETH	
Address:	15 EDWARDS SQUARE	
City-St-Zip:	NORTHAMPTON, MA 01060	
Title:	D	( ) Delete
Name:	GILMORE, JOHN	
Address:	10424 LOVE CREEK ROAD	
City-St-Zip:	BEN LOMOND, CA 95005	
Title:	D	( ) Delete
Name:	ASHAWNA, HAILEY	
Address:	1781 SANTA LUCIA DRIVE	
City-St-Zip:	SAN JOSE, CA 95125	

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: RICHARD DOBLIN DP 01/22/2009

Electronic Signature of Signing Officer or Director — Date