

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15634

FILED
Jan 26, 2005
Secretary of State

Entity Name: INSTITUTE FOR HOLISTIC EDUCATION, INC.

Current Principal Place of Business:

2922 NW 104 CT
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2922 NW 104 CT
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2635908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSBY, WALTER A.
1403 NORMAN HALL
GAINESVILLE, FL 32611 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 () Delete
Name: BAUR, ED.
Address: 222 SW 36TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: COD () Delete
Name: BUSBY, WALTER,
Address: 1403 NORMAN HALL
City-St-Zip: GAINESVILLE, FL

Title: DS () Delete
Name: OAKLAND, THOMAS DR
Address: 1921 SW 8TH DR
City-St-Zip: GAINESVILLE, FL 32601

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER BUSBY

COD

01/26/2005

Electronic Signature of Signing Officer or Director

Date