NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State ANACIONI OF CODDODATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90268 041 ****61.25

1999 BIVISION OF CONFORMATIONS						
DOCUI	MENT # N43015					
KNOW THYSELF, INC.				* ² 290544 - 90040 - 38		
			_			
Principal Place of Business Mailing Address					A ARRONAL BALLACEAN LICH BRIEL INDEL BALL BERLE BERLE PROCEST BERLE BORCH HERLE BREIT BERLE BERL	
P.O. BOX 6141 ST. PETERSBU	4 RG FL 33784-1414	P.O. BOX 61414 ST. PETERSBURG FL 33784-14	14			
2. Principal P	tace of Business	2a. Mailing Address			3. Date incorporated or Qualifed	7
21		26			04/15/1991	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For 59-3059596 Not Applicable	,
		City & State	& State		\$8.75 Additional	7
23		28			Fee Required	4
- Zip			Country		-8. Election Campaign Financing\$5.00 May Be	
24	24 25 29 30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name		1
	•		82			4
1	WHITE, MARIE			Street	Address (P.O. Box Number is Not Acceptable)	1
5111-66TH ST. NORTH STE 102			83	 		7
ST PETERSBURG FL 33709			84 City 85 Zip Code			-
]					FL I I	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligati	and 617.1508, Florida Statutes, t of Florida. Such change was autho ions of, Section 617.0503, Florida	he above rized by Statute:	re-named the corp s.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						ے ا
12.	Signature, typed or printed name of registered egent OFFICERS AND		13.	m eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	નું ઙૂ
TITLE	P OFFICERS AND	□ NELETE	1.1 TITLE		Change MAdditio	ਜ Ξ
NAME	WHITE, MARIE	. should be	1.2 NAME		Mary Bloom GIO Munatee Orsw	CRZE037 (11/98)
STREET ADDRESS	514-66TH ST. NORTH STE 102	5111-6614	1.3 STREET ADDRE		GIO MUNATER DESW	18
CITY-ST-ZIP	ST PETERSBURG FL		1,4 CITY-6	ST-ZIP _	Ruskin FL 33570	ને દ્વે
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	1 0
NAME	COY, SANDY		2.2 NAME		•	
STREET ADDRESS	1925-55TH AVE. S. APT.3		23 STREE	TADORESS	{	1
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-	ST-ZP_	☐ Change ☐ Addition	-
TITLE	D	☐ DELETE	3.1 TITLE			
NAME	DARDENNE, ROBERT		3.2 NAME 3.3 STREET ADD			1
STREET ADDRESS	140-7TH AVE. SO.					
TITLE	ST. PETERSBURG FL	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change — ☐ Additio	n
NAME	D FLEMING, SHIRLEY A.	- 	4. 2 NAME			1
	1950 - 2ND AVE. NORTH		4.3 STREE	ET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	ļ	4.4 CITY-5			_
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Additio	n
NAME	PARMENTER, STEVIJEAN	ļ	5.2 NAME			}
STREET ADDRESS	29296 - U.S. HWY. 19 NO.]		ET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-1	ST-ZIP		_
	·	C) nei ere	6.1 TITLE		☐ Change ☐ Additio	F7 (

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cettify 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 ratine appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 6.4 CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS

LA VALLEY, DUNN

STREET ADDRESS 610 MANATEE DRIVE

TITLE

NAME

SIGNATURE: SIGNATURE REQUIREDMARIE White

OELETE