

2-6-10 15-1689 C  
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 Feb 06 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N50614 (9)  
 1. Corporation Name  
 THE PSYCHOLOGY OF MIND FOUNDATION, INC.



Principal Place of Business Mailing Address  
 1111 3RD AVE WEST SUITE 350 BRADENTON FL 34205 US  
 1111 3RD AVE WEST SUITE 350 BRADENTON FL 34205 US

3. Date Incorporated or Qualified  
 09/01/1992  
 4. FEI Number  
 91-1575108  
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 ST. PAUL, ALEXANDRA  
 1111 3RD AVE WEST  
 SUITE 350  
 BRADENTON FL 34205

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRANSKY, GEORGE S. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Gleason, Kevin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	212 MORRIS ST	1.2 NAME	1380 West Paces Ferry #170
STREET ADDRESS	LA CONNER WA	1.3 STREET ADDRESS	Atlanta GA USA 30327
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD SEDGEMAN, JUDITH A. <input type="checkbox"/> DELETE	2.1 TITLE	D Wood, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	212 MORRIS ST	2.2 NAME	Lot 49 Riley Road
STREET ADDRESS	LA CONNER WA	2.3 STREET ADDRESS	Parkersville, W. A. 6081 Australia
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GUNN, BOB <input type="checkbox"/> DELETE	3.1 TITLE	O ST. PAUL, ALEXANDRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	610 PROVINCE LINE RD	3.2 NAME	111 Third Ave W. Suite 350
STREET ADDRESS	HOPEWELL NJ	3.3 STREET ADDRESS	Bradenton FL 34205 USA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD KEYS, LYNN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37746 SE RICKERT	4.2 NAME	
STREET ADDRESS	CORBETT OR	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alexandra St. Paul 2/2/98 1941-747-4020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)