


FILE NOW: FILING FEE IS \$61.25

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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90080 028 \*\*\*\*61.25

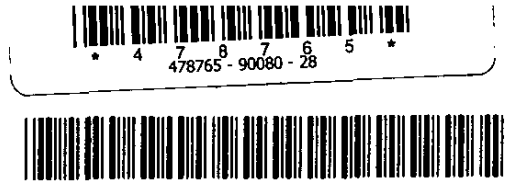
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50614**

1. Corporation Name  
**THE PSYCHOLOGY OF MIND FOUNDATION, INC.**  
**A EQUANIMITAS FOUNDATION, Inc.**

Principal Place of Business 1111 3RD AVE WEST SUITE 350 BRADENTON FL 34205 US	Mailing Address 1111 3RD AVE WEST SUITE 350 BRADENTON FL 34205 US
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2. Principal Place of Business 21 <b>3129 N. Cambridge Rd.</b> Suite, Apt. #, etc. <b>Suite 21</b> City & State <b>Lansing, Michigan</b> Zip <b>48911</b> Country <b>U.S.A.</b>	2a. Mailing Address 26 <b>P.O. Box 27572</b> Suite, Apt. #, etc. City & State <b>Lansing, Michigan</b> Zip <b>48909-0572</b> Country <b>U.S.A.</b>	3. Date Incorporated or Qualified <b>09/01/1992</b>
4. FEI Number <b>91-1575108</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLEASON, KEVIN</b>	1.2 NAME	
STREET ADDRESS	<b>1380 WEST PACES FERRY #170</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEDGEMAN, JUDITH A.</b>	2.2 NAME	
STREET ADDRESS	<b>212 MORRIS ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LA CONNER WA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNN, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>610 PROVINCE LINE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOPEWELL NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEYS, LYNN</b>	4.2 NAME	
STREET ADDRESS	<b>37746 SE RICKERT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORBETT OR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>LOT 49 RILEY ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKERSVILLE WA 6081</b>	5.4 CITY-ST-ZIP	
TITLE	<b>O</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ST, PAUL A</b>	6.2 NAME	<b>PD FEDEWA, MARILYN H.</b>
STREET ADDRESS	<b>1111 THIRD AVE. W. SUITE 350</b>	6.3 STREET ADDRESS	<b>3129 N. CAMBRIDGE RD.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	6.4 CITY-ST-ZIP	<b>LANSING, MICHIGAN 48911</b>

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, with all other like empowered.

SIGNATURE: Marilyn H. Fedewa **MARILYN H. FEDEWA** 4/26/99 (517) 487-1962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)