FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003593 (1)

1. Corporation Name

COUNCIL ON HOMEOPATHIC EDUCATION, INC.

Principal Place of Business

% GUY D HOAGLAND MD
1004 BEVERLY DR. SUITE D
ROCKLEDGE FL 32955

Mailing Address

% GUY D HOAGLAND MD.
1004 BEVERLY DR. SUITE D
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-3206095 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOAGLAND, GUY D
1004 BEVERLY DR
ROCKLEDGE FL 32955

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 607.0502 and 607.1508, 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 is 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOAGLAND, GUY D
STREET ADDRESS	1004 BEVERLY DR
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	SD
NAME	SAINE, ANDRE
STREET ADDRESS	328 MAIN ST E
CITY-ST-ZIP	GRIMSBY, ONTARIO, CANADA
TITLE	TD
NAME	CROTHERS, DEAN
STREET ADDRESS	23200 EDMONDS WAY
CITY-ST-ZIP	EDMONDS WA 98026
TITLE	D
NAME	BORNEMAN, JAY
STREET ADDRESS	PO BOX 87 N/A
CITY-ST-ZIP	BRYN MAWR PA 19010
TITLE	D
NAME	MARTENS, RUTH
STREET ADDRESS	1913 GLADSTONE DR
CITY-ST-ZIP	WHEATON IL 60187
TITLE	D
NAME	GUESS, GEORGE
STREET ADDRESS	510 MERRIMON AVE
CITY-ST-ZIP	ASHEVILLE NC 28804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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****130.00 ****130.00

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4/4/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dean Crothers, MD Dean Crothers, MD Treasurer 3-1-95 206-542-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004840