

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001233

1. Entity Name

**FLORIDA HOLISTIC HEALTH CENTER & RESEARCH
FOUNDATION, INC.**



Principal Place of Business

**2224 E. CONCORD STREET
ORLANDO FL 32803**

Mailing Address

**2224 E. CONCORD STREET
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3282969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOU, JOSEPH P
2224 E. CONCORD STREET
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTR
HOU, JOSEPH P
2224 E. CONCORD STREET
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000403939
02/06/06-80027-014 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STR
HOU, JOHN
2224 E. CONCORD STREET
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TTR
MOORE, BENJAMIN
1400 W. FAIRBANKS AVE.
WINTER PARK FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
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CITY - ST - ZIP
 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph P. Hou

01/19/06