

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90012 026 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004760

1. Corporation Name

ACUPUNCTURE AND HEALTH EDUCATION FOUNDATION, INC

Principal Place of Business

1656 ALGONQUIN TRAIL
MAITLAND FL 32751

Mailing Address

1656 ALGONQUIN TRAIL
MAITLAND FL 32751



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3398709

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEHLINGER, CHARLES A
631 PALM SPRINGS DR #117
ALTAMONTE SPRINGS FL 32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CARAWAY, THOMAS L
STREET ADDRESS 1656 ALGONQUIN TRAIL
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CARAWAY, AMY
STREET ADDRESS 1656 ALGONQUIN TRAIL
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOSS, T
STREET ADDRESS 332 MAPLE CT
CITY-ST-ZIP MAITLAND FL 32751

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-99

Date

(407) 678-2176

Daytime Phone #

CR2E037 (11/98)