

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005373

1. Entity Name
**THE HOLISTIC LIGHT METAPHYSICAL CHAPEL &
WELLNESS CENTER, INC.**



Principal Place of Business
**16803 OLIVAUD ST
HUDSON, FL 34667 US**

Mailing Address
**16803 OLIVAUD ST
HUDSON, FL 34667 US**

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3273495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARY L. NOACK
16803 OLIVAUD ST
HUDSON, FL 34667**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOACK, MARY L
STREET ADDRESS	16803 OLIVAUD ST
CITY- ST- ZIP	HUDSON, FL 34667
TITLE	D
NAME	SULLIVAN, ROBERT
STREET ADDRESS	14227 SORREL ST
CITY- ST- ZIP	BROOKSVILLE, FL
TITLE	D
NAME	TEPEDINO, MARIANNE
STREET ADDRESS	9096 HORIZON DR
CITY- ST- ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000691977
04/13/07-80032-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Mary L. Noack, Sec Admin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07

Date

727-861-7310

Daytime Phone #

MARY L. NOACK