


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005373 1. Entity Name THE HOLISTIC LIGHT METAPHYSICAL CHAPEL & WELLNESS CENTER, INC.	
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Principal Place of Business 16803 OLIVAUD ST HUDSON, FL 34667 US	Mailing Address 16803 OLIVAUD ST HUDSON, FL 34667 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3273495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOACK, MARY L 16803 OLIVAUD ST HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, ROBERT 14227 SORREL ST BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPEDINO, MARIANNE 9096 HORIZON DR SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, Pres. Admin 2-2-08 727-861-7310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARY L. NOACK