

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005373

FILED
Feb 08, 2009
Secretary of State

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

Current Principal Place of Business:

16803 OLIVAUD ST
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

16803 OLIVAUD ST
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-3273495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOACK, MARY L
Address: 16803 OLIVAUD ST
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: SULLIVAN, ROBERT
Address: 14227 SORREL ST
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: TEPEDINO, MARIANNE
Address: 9096 HORIZON DR
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMONS, DEBORA
Address: 24297 ROXANA
City-St-Zip: EAST POINTE, MI 48021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY NOACK

D

02/08/2009

Electronic Signature of Signing Officer or Director

Date