

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000877 (9)

1. Corporation Name

SCIENTIFIC HYPNOSIS SOCIETY, INC.

Principal Place of Business

1108 NE 24TH ST.
OCALA FL 34470

Mailing Address

1108 NE 24TH ST.
OCALA FL 34470



3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3290380

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUPE, ROY E
1108 NE 24TH ST.
OCALA FL 34470

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 ETIS, BILL
STREET ADDRESS 205 BONNIE BRAE WAY
CITY-ST-ZIP HOLLYWOOD FL 33021

11 TITLE D ☐ Change ☐ Addition
12 NAME Randy Disch
13 STREET ADDRESS 840 Grand Way #630
14 CITY-ST-ZIP Clermont, Fl. 34711

TITLE D ☒ DELETE
NAME OSTROFF, BARTON
STREET ADDRESS 2797 40TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021

21 TITLE D ☒ Change ☐ Addition
22 NAME Thomas Young
23 STREET ADDRESS 1338 N. Lombardo
24 CITY-ST-ZIP LeCanto, Fl. 34461

TITLE D ☐ DELETE
NAME ROSS, DOROTHY
STREET ADDRESS 35 CACTUS AVE.
CITY-ST-ZIP HALLANDALE FL 32809

31 TITLE P ☐ Change ☒ Addition
32 NAME Roy E. Rupe
33 STREET ADDRESS 1108 N.E. 24th Street
34 CITY-ST-ZIP Ocala, Fl. 34470

TITLE D ☐ DELETE
NAME SHEARN, REGINA PH.D.
STREET ADDRESS 20556 NE 6TH CT.
CITY-ST-ZIP N. MIAMI BEACH FL 33179

41 TITLE V.P. ☐ Change ☒ Addition
42 NAME Bill Etis
43 STREET ADDRESS 205 Bonnie Brae Way
44 CITY-ST-ZIP Hollywood, Fl. 33021

TITLE D ☐ DELETE
NAME RUPE, ROY E
STREET ADDRESS 1108 NE 24TH ST.
CITY-ST-ZIP Ocala FL 34470

51 TITLE S ☐ Change ☒ Addition
52 NAME Lynn Groves
53 STREET ADDRESS 7212 Cypress Cove Road
54 CITY-ST-ZIP Jacksonville, Fl. 32244

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE T ☐ Change ☒ Addition
62 NAME Linda Otte
63 STREET ADDRESS P.O. Box 554
64 CITY-ST-ZIP Trenton, Fl. 32693

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Roy E. Rupe

2/18/96

352 620-0319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E037 (12/95)