

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

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RUPE, ROY E  
1108 NE 24TH ST.  
OCALA FL 34470

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Randy Disch  
840 Grand Way #630  
Clermont, Fl. 34711

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Thomas Young  
1338 N. Lombardo  
LeCanto, Fl. 34461

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Roy E. Rupe  
1108 N.E. 24th Street  
Ocala, Fl. 34470

4.1 TITLE V.P. ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Bill Etis  
205 Bonnie Brae Way  
Hollywood, Fl. 33021

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Lynn Groves  
7212 Cypress Cove Road  
Jacksonville, Fl. 32244

6.1 TITLE T ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Linda Otte  
822 S.W. 4th Avenue  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96

352 620-0319

Date

Daytime Phone #

CR2E037 (12/95)