

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003946

**FILED**  
**Apr 09, 2004**  
**Secretary of State****Entity Name:** INSTITUTE OF NOETIC SCIENCE'S SUNCOAST COMMUNITY GROUP, INC.**Current Principal Place of Business:**1100 NORTH SHORE DR NE  
ST PETERSBURG, FL 33701 US**New Principal Place of Business:****Current Mailing Address:**6860 GULFPORT BLVD.  
STE. 820  
ST. PETERSBURG, FL 33707 US**New Mailing Address:****FEI Number:** 59-3348885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KLEITSCH, SHARON JOY  
1100 NORTH SHORE DRIVE NE #202  
ST PETERSBURG, FL 33701 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:** WELLS, VIRGINIA  
**Address:** 4895 BAY OF N.E. #118  
**City-St-Zip:** SAINT PETERSBURG, FL 33703**Title:** D ( ) Delete  
**Name:** CAMPI, LINDA  
**Address:** 11725 WOODBRIDGE BLVD  
**City-St-Zip:** SEMINOLE, FL 33772**Title:** D ( ) Delete  
**Name:** LARMORE, MARY K.  
**Address:** 6860 GULFPORT BLVD #820  
**City-St-Zip:** ST. PETERSBURG, FL 33707**Title:** D ( ) Delete  
**Name:** RAPHAEL, LISA  
**Address:** 1100 NORTH SHORE DRIVE NE., #201  
**City-St-Zip:** ST PETERSBURG, FL 33701**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA CAMPI

D

04/09/2004

Electronic Signature of Signing Officer or Director

Date