

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003946

FILED
Apr 08, 2005
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:

1100 NORTH SHORE DR NE
#302
ST PETERSBURG, FL 33701 US

Current Mailing Address:

6860 GULFPORT BLVD.
STE. 820
ST. PETERSBURG, FL 33707 US

New Mailing Address:

PO BOX 8689
SEMINOLE, FL 33775-868 US

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:

KLEITSCH, SHARON JOY
1100 NORTH SHORE DRIVE NE #302
ST PETERSBURG, FL 33701 US

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: _____

04/08/2005

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

DIR

04/08/2005

Electronic Signature of Signing Officer or Director

Date