2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003946

FILED Feb 19, 2009 Secretary of State

Entity Name: INSTITUTE OF NOETIC SCIENCE'S SUNCOAST COMMUNITY GROUP, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	RTH SHORE [OR NE		
#302 ST PETER	RSBURG, FL	33701 US		
Current N	Mailing Addre	ess:	New Mailing Addres	ss:
	DODBRIDGE I .E, FL 33772	BLVD US		
El Number	r: 59-3348885	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
100 NOF	RTH SHORE L	DRIVE NE #302		
T PETER			e purpose of changing its registere	ed office or registered agent, or both,
T PETER The above n the Stat	e named entity te of Florida.		e purpose of changing its registere	ed office or registered agent, or both,
T PETER The above In the Stat	e named entity te of Florida. IRE:			ed office or registered agent, or both, Date
OT PETER The above In the Stat SIGNATU	e named entity te of Florida. IRE:	submits this statement for the	gent	
T PETER The above In the State BIGNATU DFFICER Sitte: Itame: Itame: Itame: Itame: Itame: Itame: Itame:	e named entity te of Florida. IRE: Electro S AND DIREC D (JOHNSON, SL 1100 N WEST	r submits this statement for the onic Signature of Registered ACTORS:	gent	Date
OT PETER The above In the Stat SIGNATU	e named entity te of Florida. IRE: Electro S AND DIREC D (JOHNSON, SI 1100 N WEST SAINT PETER D (CAMPI, LINDA	e submits this statement for the conic Signature of Registered A CTORS: 1) Delete 1) Delete 1) Delete 2) Delete 3) Delete 4) Delete 4) Delete 6) Delete	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: LINDA CAMPI D 02/19/2009