

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

0045926

04-10-2003 90155 017 ****70.00

DOCUMENT # N95000003946
1. Entity Name
INSTITUTE OF NOETIC SCIENCE'S SUNCOAST COMMUNITY GROUP, INC.



Principal Place of Business Mailing Address
**1100 NORTH SHORE DR NE
ST PETERSBURG FL 33701
US** **6860 GULFPORT BLVD.
STE. 820
ST. PETERSBURG FL 33707
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3348885** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KLEITSCH, SHARON JOY
1100 NORTH SHORE DRIVE NE #202
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, VIRGINIA
STREET ADDRESS	4895 BAY OF N.E. #118
CITY-ST-ZIP	SAINT PETERSBURG FL 33703
TITLE	D <input type="checkbox"/> Delete
NAME	CAMPI, LINDA
STREET ADDRESS	11725 WOODBRIDGE BLVD
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	D <input type="checkbox"/> Delete
NAME	LARMORE, MARY K.
STREET ADDRESS	6860 GULFPORT BLVD.#820
CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE	D <input type="checkbox"/> Delete
NAME	RAPHAEL, LISA
STREET ADDRESS	1100 NORTH SHORE DRIVE NE., #201
CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Campi* **REQUIRED LINDA CAMPI** Date: **4/4/03** D daytime phone #: **787-397-9444**

CR2E037 (10/02)