

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000650 (9)

1. Corporation Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION
COUNCIL, INC.

Principal Place of Business

Mailing Address

321 15TH STREET
WEST PALM BEACH FL 33401

321 15TH STREET
WEST PALM BEACH FL 33401-2718



3. Date Incorporated or Qualified
02/07/1996

3a. Date of Last Report
N.A.

2. Principal Place of Business

2a. Mailing Address

21 THE BRAMHAM INSTITUTE

26 450 AVENUE OF THE CHAMPIONS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 PALM BEACH GARDENS

27 City & State
28 FLORIDA

24 Zip
33415

Country
U.S.A.

29 Zip
30 Country

4. FEI Number

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

BRAMHAM, ANNE T
321 15TH STREET
WEST PALM BEACH FL 33401

81 Name ANNE BRAMHAM (T.)
82 Street Address (P.O. Box Number is Not Acceptable)
355-1 PRESTWICK CIRCLE
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRAMHAM, ANNE T
STREET ADDRESS 1510 15TH COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE SECRETARY
1.2 NAME SARA BRAMHAM
1.3 STREET ADDRESS 355-1 Prestwick Circle,
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D
NAME ANON, NORMAN
STREET ADDRESS 115 NAUTICAL WAY
CITY-ST-ZIP JUPITER FL 33477

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME STUBER, JAMES A
STREET ADDRESS 1400 VILLAGE BLVD. STE 918
CITY-ST-ZIP WEST PALM BEACH FL 33409

3.1 TITLE OFFICER
3.2 NAME NANCY M. GRIFFIN
3.3 STREET ADDRESS 775 E. BLITHEDALE, #270, MILL VALLEY
3.4 CITY-ST-ZIP CA 94941

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE OFFICER
4.2 NAME DR. JONATHAN PAUL DE VIERVILLE
4.3 STREET ADDRESS 204 ALAMO PLAZA, SAN ANTONIO
4.4 CITY-ST-ZIP TX 78205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE MARION SCHNEIDER, BOARD MEMBER
5.2 NAME WUNDERWALD STRAPE, 99518 BAD SULZA
5.3 STREET ADDRESS GERMANY
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DEBORAH EVANS, TREASURER
6.2 NAME 14706 HORNBY HILL RD.
6.3 STREET ADDRESS RUSTIN, TX 78734
6.4 CITY-ST-ZIP

14. I do 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 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 *[Signature]* ANNE BRAMHAM

CR2E037 (9/96)