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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000650 (9)**

1. Corporation Name

**AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION
COUNCIL, INC.**

Principal Place of Business

Mailing Address

**THE BRAMHAM INSTITUTE
PALM BEACH GARDENS FL 33415
US**

**450 AVENUE OF THE CHAMPIONS
WEST PALM BEACH FL 33401
US**



3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

NOT APPLICABLE

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRAMHAM, ANNE T
3355-1 PRESTWICK CIRCLE
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMHAM, ANNE T	
STREET ADDRESS	1510 15TH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANON, NORMAN	
STREET ADDRESS	115 NAUTICAL WAY	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STUBER, JAMES A	
STREET ADDRESS	1400 VILLAGE BLVD. STE 918	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMHAM, SARA	
STREET ADDRESS	355-1 PRESTWICK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	O	<input type="checkbox"/> DELETE
NAME	GRIFFIN, NANCY M	
STREET ADDRESS	775 E BLITHEDALE, #270	
CITY-ST-ZIP	MILL VALLEY CA	

TITLE	O	<input checked="" type="checkbox"/> DELETE
NAME	DE VIERVILLE, JONATHAN P DR	
STREET ADDRESS	204 ALAMO PLAZA	
CITY-ST-ZIP	SAN ANTONIO TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNE BRAMHAM	
1.3 STREET ADDRESS	355-1 PRESTWICK CIRCLE	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418.	

2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEBORAH EVANS	
2.3 STREET ADDRESS	14706 HORNSBY HILL RD.	
2.4 CITY-ST-ZIP	AUSTIN, TX 78734	

3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SARA BRAMHAM EVANSON	
3.3 STREET ADDRESS	355-1 PRESTWICK CIRCLE	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418.	

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

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

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

14. 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 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.

CR2E037 (10/97)

4/19/98

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