

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90166 002 ****61.25

DOCUMENT # N96000000650

1. Corporation Name

AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION
COUNCIL, INC.

Principal Place of Business

THE BRAMHAM INSTITUTE
PALM BEACH GARDENS FL 33415
US

Mailing Address

450 AVENUE OF THE CHAMPIONS
WEST PALM BEACH FL 33401
US

3 6 2 6 3 3 - 9 0 1 6 6 - 2 3 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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 PD
NAME BRAMHAM, ANNE T
STREET ADDRESS 355-1 PRESTWICK CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ DELETE

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

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

TITLE SD
NAME BRAMHAM, SARA
STREET ADDRESS 355-1 PRESTWICK CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ DELETE

TITLE O
NAME GRIFFIN, NANCY M
STREET ADDRESS 775 E BLITHEDALE, #270
CITY-ST-ZIP MILL VALLEY CA ☐ DELETE

TITLE TD
NAME EVANS, DEBORAH
STREET ADDRESS 14706 HORNSBY HILL BLVD
CITY-ST-ZIP AUSTIN TX 78734 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS EAVENSON, BRADLEY
1.4 CITY-ST-ZIP 1300 S. AIA, #625
Jupiter, FL 33477 ☐ Change ☐ Addition

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 5617486573

CR2E037 (11/98)