

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000650

FILED
Apr 25, 2005
Secretary of State

Entity Name: AMERICAN SPA THERAPY EDUCATION AND CERTIFICATION COUNCIL, INC.

Current Principal Place of Business:

1014 N OLIVE AVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1014 N OLIVE AVE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRAMHAM, ANNE T
3900 CARNATION CIRCLE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAMHAM, ANNE T
Address: 3900 CARNATION CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: EAVENSON, BRADLEY
Address: 355-1 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: EAVENSON, SARA
Address: 355-1 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD () Delete
Name: GRIFFIN, NANCY
Address: 23B PARK AVE
City-St-Zip: PETALUMA, CA 94952

Title: PD () Delete
Name: MOLONEY-BROWN, ANN
Address: PO BOX 2542
City-St-Zip: LAKE OZARK, MO 65049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARA EAVENSON

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date