

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 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 # **N96000003242 (2)**

1. Corporation Name

THE ALLIANCE FOR HOLISTIC HEALING, INC.



Principal Place of Business	Mailing Address
7766 BAY STREET SUITE 11 SEBASTIAN FL 32958	7766 BAY STREET SUITE 11 SEBASTIAN FL 32958

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

59-3399746

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONER, KATHY
7766 BAY STREET
SUITE 11
SEBASTIAN FL 32958**

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	DONER, KATHY
STREET ADDRESS	7766 BAY STREET #22
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D <input type="checkbox"/> DELETE
NAME	HELLINGER, KATHY
STREET ADDRESS	7766 BAY STREET #22
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAUN, ANDREAS
STREET ADDRESS	7766 BAY STREET #22
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D <input type="checkbox"/> DELETE
NAME	SIEGLER, JUDITH
STREET ADDRESS	7766 BAY STREET #22
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D <input type="checkbox"/> DELETE
NAME	HESS, ELIZABETH
STREET ADDRESS	7766 BAY ST #22
CITY-ST-ZIP	SEBASTIAN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DE MICHAELIS, ANDREA
STREET ADDRESS	7766 BAY ST #22
CITY-ST-ZIP	SEBASTIAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T RANDALL PERRY
1.3 STREET ADDRESS	7766 BAY STREET #11
1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE:

Randall Perry **Randall Perry**

3/24/98 **(861) 584-6444**

CR2E037 (10/97)