FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

👡 - Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004833 (7)

LIFEWORK YOGA STUDIOS, INC.

Principal Place of Business

Mailing Address

1405A CLEVELAND STREET CLEARWATER FL 34815 1405A CLEVELAND STREET CLEARWATER FL 34615-5202

FILED Jun 19 1997 8:00am Secretary of State

						3. Date Incorporated or Qualified 09/16/1996 3a. Date of Last Report				
	lace of Business	2a. Mailing Add	2a. Mailing Address 26			4. FEI Number	1	App	lied For	
1	·····					Not Applical			Applicabl	
Sulte, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	Cily & State	City & State			Election Campaign Financing Trust Fund Contribution				
Zip	Country	Zip	Co	untry		8. This corporation has liability for				
4]	30			Florida Statutes Yes No						
	9. Name and Address of Cur	rent Registered Agent		81 Nam		10. Name and Address of New R	egistered Agent	<u>i</u>		
*				I Nan	Ю					
GRIFFIN		82 Street Address (P.O. Box Number is Not Acceptable)								
1405A CLEVELAND STREET					83					
CLEARY	VATER FL 34815									
		64 City FL 85				Zip Co	ode			
11. Pursuant	to the provisions of Sections 617.	0502 and 617,1508, Flori	da Statutes, the a	bove-nam	d corpo	ration submits this statement for the	purpose of char	ging its	registered	
agent. I a	m familiar with, and accept the of	ale of Fiorida, Such char digations of, Section 617	.0503, Florida Sta	tutes.	orpurario	n's board of directors. I hereby acce	pricine appointm	जा स्ट हि	ryistered	
SIGNATURE .	X claude &	ysin (1	ande (Srif	tin	L PRS	7-4-9	+		
	Signature, typed or printed name of registered			ed Agent signa	ure required	d whon reinstating)	DATE			
2.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI				
ITLE	PD OUTCAL OLAHOT		i		}		<u></u> Г	hange	☐ Additio	
IAME	GRIFFIN, CLAUDE	-		IAME	1					
STREET ADORESS	1405A CLEVELAND STREE	CI .		TREET ADDRES	s					
CITY-ST-ZIP	CLEARWATER FL 34615			1.4 CITY-ST-ZIP 2.1 TITLE					1 12200-	
TITLE	VPD	L 0	I '				L	hange	Additio	
NAME	POPPLETON, JAY			IAME						
STREET ADDRESS	18336 WAYNE ROAD			TREET ADDRES	S					
CITY-ST-ZIP TITLE	ODESSA FL 33556 SD		2.4 ELETE 3.11	CITY-ST-ZIP				hange	☐ Additio	
NAME	GRIFFIN, MARTHA	<i>ب</i> سا						mango		
	1405A CLEVELAND STREE	=T		IAME	اہ					
STREET ADDRESS	CLEARWATER FL 34615	-1		TREET ADDRES	۱ '					
CITY-ST- Z IP	TD		3.4. ELETE 4.11	CITY-ST-ZIP	}			hanne	Additio	
NAME	STAPHOPOULOS, DEMITE	-		NAME	1			ary		
name Street address	645 EAST TARPON AVEN			NAME STREET ADDRES						
	TARPON SPRINGS FL 346			OIKEET ADUKES CITY-ST-ZIP	۱ ا					
CITY-ST- Z IP Title	D		4,4 C ELETE 5.1 1		+		Пс	hange	☐ Additio	
NAME	LEWIS, TORI	.		IAME			<u> </u>			
STREET ADDRESS	1623 NORTH HIGHLAND	AVENUE		ianic Staeet addres	ا					
OTY-ST-ZIP	OLEARWATER FL 34615	1751175		CITY-ST-ZIP	Ĭ					
IIILE	APPLAINTING TO ALA (A	Пъ	5.4 C ELETE 6,1 1		+		По	hange	☐ Additio	
NAME		_,		IAME	1			•		
STREET ADDRESS				STREET ADDRES	s					
CITY-ST-ZIP				SITY-ST-ZIP	<u> </u>					
14. I do here!	ov certify that the information suns	olied with this filing does	not qualify for the	exemption	stated i	in Section 119.07(3)(i), Florida Statule	es. I further certi	fy that th	16	
Informatio	in Indicated on this annual report	or supplemental annual i	eport is true and	accurate a	nd that n	ny signature shall have the same leg	al effect as if ma	ide unde	er oath; th	
l am an o	fficer or director of the corporation n Block 12 or Block 13 if changed	n or the receiver or truste I, or on an atlachment wi	e empowered to th an address.	execute thi	s report :	as required by Chapter 617, Florida 4 4-97	Statutes; and the	at my nai	'n	