

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 026 ****61.25

| | | | | | |
|---|-----------------------|--|--|--|--|
| DOCUMENT # N97000003112 1. Entity Name MIND, BODY & SPIRIT, INC. | | | | | |
| Principal Place of Business 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301 | | | Mailing Address 2608 CLINE STREET TALLAHASSEE, FL 32312 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 59-3449794 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, FRED F JR. 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRELL, RON | | NAME | Helen Luke | |
| STREET ADDRESS | 3053 TIPPERARY DR | | STREET ADDRESS | 1813 High Rd | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRELL, CATHY | | NAME | Steffani Murray | |
| STREET ADDRESS | 3053 TIPPERARY DR | | STREET ADDRESS | 1400 Woodgate Way | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | Tallahassee, FL 32308 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, FRED | | NAME | | |
| STREET ADDRESS | 2608 CLINE STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CREEL, WENDY | | NAME | Meredith Tenney | |
| STREET ADDRESS | 2313 LONGVIEW DRIVE | | STREET ADDRESS | P.O. Box 7 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | CITY-ST-ZIP | Acworth, NH 03601 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGSTON, JUDY | | NAME | D S | |
| STREET ADDRESS | 2410 APPALACHEE PKWY | | STREET ADDRESS | 1019 Longstreet Dr | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | CITY-ST-ZIP | 32311 | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUTTON, PAULA | | NAME | 2028 Cynthia Dr. | |
| STREET ADDRESS | 2403 B WEST THARPE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32302 | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Paula Sutton</u> <u>3/4/05</u> <u>850-385-3653</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |