

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001070

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NATURE'S PLACE THERAPY SERVICES, INCORPORATED

**Current Principal Place of Business:**

1316 SOUTH BOULEVARD WEST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

1316 SOUTH BOULEVARD WEST  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 59-3480641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, DEBORAH L  
1316 SOUTH BOULEVARD WEST  
DAVENPORT, FL 33837 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: P ( ) Delete  
Name: ADAMS, DEBORAH L  
Address: 1316 SOUTH BLVD WEST  
City-St-Zip: DAVENPORT, FL 33837

Title: LD ( ) Delete  
Name: CORBIN, NORMAN L  
Address: 7936 SNOWBERRY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: CD ( ) Delete  
Name: SMITH, FRANCES DR  
Address: 100 FAIRWAY CIRCLE WEST  
City-St-Zip: VALDOSTA, GA 31602

Title: CD ( ) Delete  
Name: HAGERTY, DONNA  
Address: 11 TARRAGONA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MBD ( ) Delete  
Name: BONDOC, JERRY  
Address: 717 SOMERSTONE DR.  
City-St-Zip: VALRICO, FL 33594

**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: CD (X) Change ( ) Addition  
Name: HAGERTY, DONNA  
Address: 768 ACAPULCO ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBORAH L. ADAMS

P

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date