

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90004 007 \*\*\*\*61.25

**DOCUMENT # N98000002269**

1. Entity Name

**THE MCCORMICK-GREEN CENTER FOR HOLISTIC  
THERAPIES, INC.**



Principal Place of Business

**785 JUNIPER PLACE  
WELLINGTON FL 33414**

Mailing Address

**785 JUNIPER PLACE  
WELLINGTON FL 33414**

**54072744**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0835111**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCORMICK, LOUISE  
785 JUNIPER PLACE  
WELLINGTON FL 33414**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MCCORMICK, LOUISE**  
STREET ADDRESS **785 JUNIPER PLACE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete  
NAME **GREEN, ALBERT**  
STREET ADDRESS **1 GROVE ISLE, APT 710**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete  
NAME **CLANCY, ELEANOR**  
STREET ADDRESS **50 DALE PLACE**  
CITY-ST-ZIP **OLDSMAN FL 34677**

TITLE **D** ☐ Delete  
NAME **MCCORMICK, JAMES DR**  
STREET ADDRESS **22721 WILDERNESS WAY**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete  
NAME **SEARS, AL MD**  
STREET ADDRESS **888 W. RAMBLING DR.**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VP** ☐ Delete  
NAME **BOND, MATTHEW DVM**  
STREET ADDRESS **552 RAMBLING ROAD CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. PRES.**

Date

Daytime Phone #

**LOUISE MCCORMICK - 9-8-04 561-791-2572**