

Amended

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

09-17-2004 90004 014 \*\*\*\*61.25  
N98000002269

DOCUMENT # N98000002269

1. Entity Name

THE MCCORMICK-GREEN CENTER FOR HOLISTIC  
THERAPIES, INC.



FILED

04 SEP 22 AM 11:24

SECRET  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

Principal Place of Business

785 JUNIPER PLACE  
WELLINGTON FL 33414

Mailing Address

785 JUNIPER PLACE  
WELLINGTON FL 33414

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

65-0835111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK-LOUISE  
785 JUNIPER PLACE  
WELLINGTON FL 33414

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 8, 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  
NAME MCCORMICK, LOUISE  
STREET ADDRESS 785 JUNIPER PLACE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE RESEARCH ADVISOR  
NAME PATRICIA M. MURRAY PhD (D) ☐ Change ☒ Addition  
STREET ADDRESS 3530 FAIR ISLES STREET  
CITY-ST-ZIP COCONUT GROVE MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Louise McCormick (LOUISE MCCORMICK)

9/8/04 (SD) 791-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #