2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N98000002269

Entity Name: THE MCCORMICK-GREEN CENTER FOR HOLISTIC THERAPIES, INC.

Current Principal Place of Business:

785 JUNIPER PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

785 JUNIPER PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0835111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMICK, LOUISE
785 JUNIPER PLACE
WELLINGTON, FL 33414 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:	DP	( ) Delete
Name:	MCCORMICK, LOUISE	
Address:	785 JUNIPER PLACE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	GREEN, ALBERT	
Address:	1 GROVE ISLE, APT 710	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	CLANCY, ELEANOR	
Address:	50 DALE PLACE	
City-St-Zip:	OLDSMAN, FL 34677	
Title:	D	( ) Delete
Name:	MCCORMICK, JAMES DR	
Address:	22721 WILDERNESS WAY	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	SEARS, AL MD	
Address:	888 W. RAMBLING DR.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VP	( ) Delete
Name:	BOND, MATTHEW DVM	
Address:	552 RAMBLING ROAD CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUISE K. MCCORMICK DP 07/11/2006

Electronic Signature of Signing Officer or Director — Date