

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002269

FILED  
Apr 17, 2008  
Secretary of State

**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 ( )**

**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 US

Title: VP ( ) Delete  
Name: BOND, MATTHEW DVM  
Address: 552 RAMBLING ROAD CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: CLANCY, ELEANOR  
Address: 50 DALE PLACE  
City-St-Zip: OLDSMAN, FL 34677 US

Title: D ( ) Delete  
Name: MCCORMICK, JAMES DR  
Address: 22721 WILDERNESS WAY  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: SEARS, AL MD  
Address: 888 W. RAMBLING DR.  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BOND, MATTHEW DVM  
Address: 12800 60 ST NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411 US

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 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 MCCORMICK

DP

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date