

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002269

FILED
Jun 14, 2011
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
Name: MCCORMICK, LOUISE
Address: 785 JUNIPER PLACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP
Name: GEISS, LOUISETTE
Address: 953 4TH STREET
City-St-Zip: SANTA MONICA, CA 90403 US

Title: D
Name: SMYTHE, MARTHA
Address: 504 PINTO CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

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

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

Title: D
Name: ILEO, ANDREA
Address: 842 W ROMBLING DRIVE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: LOUISE KATHRYN MCCORMICK

PRES

06/14/2011

Electronic Signature of Signing Officer or Director

Date