

DOCUMENT# N98000006478

Entity Name: HYPNOSIS EDUCATION ASSOCIATION, INC.

**Current Principal Place of Business:**

36181 EAST LAKE ROAD, #221  
PALM HARBOR, FL 34685

**New Principal Place of Business:****Current Mailing Address:**

36181 EAST LAKE ROAD, #221  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 59-3544078      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:**

SCOTT, PATRICIA V  
36181 EAST LAKE ROAD, #221  
PALM HARBOR, FL 34685 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: O ( ) Delete  
Name: SUMMERS, DENNIS  
Address: 2405 E. HWY. 60, LOT 56  
City-St-Zip: BARTOW, FL 33830

Title: O ( ) Delete  
Name: EDWARDS, DAVE  
Address: 15 KEY WEST COURT  
City-St-Zip: LEESBURG, FL 34788

Title: O ( ) Delete  
Name: GROVES, LYNN  
Address: 7212 CYPRESS COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: O (X) Delete  
Name: SCOTT, PATRICIA V  
Address: 36181 EAST LAKE RD. #221  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: PRES (X) Change ( ) Addition  
Name: WATSON, MICHAEL  
Address: 726 VASSAR ST.  
City-St-Zip: ORLANDO, FL 32804

Title: V.P. (X) Change ( ) Addition  
Name: HOLTHUIS, OKKA  
Address: P. O. BOX 13154  
City-St-Zip: N. PALM BEACH, FL 33408

Title: TREA (X) Change ( ) Addition  
Name: SCOTT, PATRICIA V  
Address: 36181 EAST LAKE RD. #221  
City-St-Zip: PALM HARBOR, FL 34685

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: PATRICIA V. SCOTT

TREA

06/14/2007

Electronic Signature of Signing Officer or Director

Date \_\_\_\_\_