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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9600000891 (9)

1. Corporation Name

THE WELLNESS COMMUNITY - SOUTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

19658 WATERS BAY COURT  
SUITE 1201  
BOCA RATON FL 33432

19658 WATERS BAY COURT  
SUITE 1201  
BOCA RATON FL 33434-5705

3. Date Incorporated or Qualified  
02/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5700 N. Federal Hwy  
Suite, Apt. #, etc.

26 5700 N. Federal Hwy  
Suite, Apt. #, etc.

FBI Number

Applied For

Not Applicable

22

City & State

Boca Raton, FL

27

City & State

Boca Raton FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

Zip

33487

Country

USA

28

Zip

33487

Country

USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

Zip

33487

Country

USA

29

Zip

33487

Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GESOFF, SUSAN  
19658 WATERS BAY COURT  
SUITE 1201  
BOCA RATON FL 33432

81 Name Susan Sperber

82 Street Address (P.O. Box Number is Not Acceptable)

5700 N. Federal Highway

83

84 City

Boca Raton

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRONSTEEN, JUDY	
STREET ADDRESS	17106 RYTON LANE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CERINO, NORMA	
STREET ADDRESS	3032 NE 33RD STREET	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, CELIA	
STREET ADDRESS	22455 BOCA RIO ROAD	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COYNE, MARTIN -MRS	
STREET ADDRESS	8812 TWIN LAKES DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOCTER, MARCIA	
STREET ADDRESS	100 WORTH AVENUE, SUITE 715	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINNIGAN, HELGA	
STREET ADDRESS	1025 CASUARINA ROAD	
CITY - ST - ZIP	DELRAY BEACH FL 33483	

1.1 TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bronsteen, Judy	
1.3 STREET ADDRESS	17106 Ryton Lane	
1.4 CITY - ST - ZIP	Boca Raton, FL 33496	
2.1 TITLE	V.P. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gortz, Jane	
2.3 STREET ADDRESS	6749 Giralda Circle	
2.4 CITY - ST - ZIP	Boca Raton, FL 33433	
3.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Reinert, Jerry	
3.3 STREET ADDRESS	5631 Coach House Cir #E	
3.4 CITY - ST - ZIP	Boca Raton, FL 33486	
4.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Coyne, Deborah	
4.3 STREET ADDRESS	8812 Twin Lakes Drive	
4.4 CITY - ST - ZIP	Boca Raton, FL 33496	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank, Sheila	
6.3 STREET ADDRESS	5047 Suffolk Drive	
6.4 CITY - ST - ZIP	Boca Raton, FL 33496	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 561 912 9300

Date

Daytime Phone # 0042172

CR2E037 (9/96)