

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012936

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC0731812710**

**Entity Name:** WELLS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

680 VIA LUGANO  
WINTER PARK, FL 32789

**Current Mailing Address:**

680 VIA LUGANO  
WINTER PARK, FL 32789

**FEI Number:** 20-4003386

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELLS, STEPHEN  
680 VIA LUGANO  
WINTER PARK, FL 32789 US

*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

**Officer/Director Detail :**

Title            D  
Name            WELLS, STEPHEN  
Address        680 VIA LUGANO  
City-State-Zip: WINTER PARK FL 32789

Title            D  
Name            WELLS, KRISTI  
Address        680 VIA LUGANO  
City-State-Zip: WINTER PARK FL 32789

Title            D  
Name            SHACKELFORD, STEPHANIE  
Address        867 CHEROKEE AVE SE  
City-State-Zip: ATLANTA GA 30315

*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:** STEPHEN WELLS

D

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date