

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005069

**FILED  
Apr 06, 2019  
Secretary of State  
8411073525CC**

**Entity Name:** CHILDREN'S HEALTH AND WELLNESS OF NW FLORIDA, INC.

**Current Principal Place of Business:**

2641 WILDHURST TRAIL  
PACE, FL 32571

**Current Mailing Address:**

2641 WILDHURST TRAIL  
PACE, FL 32571 US

**FEI Number: 82-1615469**

**Certificate of Status Desired: No**

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

BRYAN, KATHERINE B  
2641 WILDHURST TRAIL  
PACE, FL 32571 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 P  
Name BRYAN, KATHERINE B  
Address 2641 WILDHURST TRAIL  
City-State-Zip: PACE FL 32571

Title VP  
Name NEGLEY, SONYA  
Address 7294 BREVARD STREET  
City-State-Zip: NAVARRE FL 32566

Title SEC  
Name KREVATAS, JODI L  
Address 3944 RED BUD LANE  
City-State-Zip: PACE FL 32571

*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: KATHERINE BRYAN**

**PRESIDENT**

**04/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date