

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005280

**Entity Name:** DR. NALISA NESBITT-WILLIAMS EDUCATIONAL AND WELLNESS CENTER, INC.

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**8069771306CC**

**Current Principal Place of Business:**

3940 18TH AVE. S.  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

536 52ND ST. S.  
ST. PETERSBURG, FL 33707

**FEI Number: 85-3413877**

**Certificate of Status Desired: No**

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

NESBITT-WILLIAMS, NALISA  
536 52ND ST. S.  
ST. PETERSBURG, FL 33707 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 NESBITT-WILLIAMS, NALISA  
Address 536 52ND ST. S.  
City-State-Zip: ST. PETERSBURG FL 33707

Title O  
Name DIVINE ACADEMY OF LEARNING  
Address 3940 18TH AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33711

Title VP  
Name NESBITT, JAN  
Address 536 52ND ST. S.  
City-State-Zip: ST. PETERSBURG FL 33707

*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: NALISA WILLIAMS

OWNER

02/15/2021

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

\_\_\_\_\_  
Date