

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012964

Entity Name: WELLNESS RETREAT ALLIANCE INC.

Current Principal Place of Business:

51 E. JEFFERSON ST #1466
ORLANDO, FL 32802

Current Mailing Address:

51 E. JEFFERSON ST #1466
ORLANDO, FL 32802 US

FEI Number: 87-3628107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JUSTIN M
51 E. JEFFERSON ST #1466
ORLANDO, FL 32802 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: JUSTIN M. SMITH

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, JUSTIN
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title VP
Name SAENZ, SERGIO
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title SEC
Name PICKARD, BRANDON
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title VP
Name MURRAY, DANIEL
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title TREASURER
Name PEREZ-VEGA, JULIO
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name HOLMES, CORY
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name GERARDOT, BOBBI
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name CHETTA, ANTHONY
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Continues on page 2

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: JUSTIN M. SMITH

PRESIDENT

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SELPH, CHRISTY
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name MOTT, ERIC
Address 51 E. JEFFERSON ST #1466
City-State-Zip: ORLANDO FL 32802