

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013555

**Entity Name:** WELLNESS & PERSONAL DEVELOPMENT CORP

**Current Principal Place of Business:**

618 E. SOUTH STREET  
500  
ORLANDO, FL 32801

**Current Mailing Address:**

618 E. SOUTH STREET  
500  
ORLANDO, FL 32801 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

GARCIA PUENTES, ALONSO DARIO J  
618 E. SOUTH STREET  
500  
ORLANDO, FL 32801 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	Title	EVP
Name	GARCIA PUENTES, ALONSO DARIO J	Name	VERGARA, ANDREA A
Address	618 E. SOUTH STREET	Address	618 E. SOUTH STREET 500
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

*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:** GARCIA PUENTES , ALONSO DARIO J

**PRESIDENT**

**06/01/2022**

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

\_\_\_\_\_  
Date