Current Mail	ing Address:			
	TIN LUTHER KING AVE ER, FL 33755			
FEI Number: 65-0743078			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	DRD , KIMBERLEY LUTHER KING AVE FL 33755 US			
The above named	entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE	KIMBERLEY NUNN-CRAWFORD			04/06/2023
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	OTHER, EXECUTIVE DIRECTOR	Title	SECRETARY	
Name	NUNN-CRAWFORD, KIMBERLEY	Name	MOORE, FELICIA	
Address	1108 N MARTIN LUTHER KING AVE	Address	1108 N. MARTIN LUTHER KING	AVE
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755	
Title	DIRECTOR	Title	DIRECTOR	
Name	HEASTIE, ERNESTINE C	Name	SHERMAN, THOMAS	
Address	1108 N. MARTIN LUTHER KING AVE	Address	1108 N. MARTIN LUTHER KING	AVE
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755	
Title	PRESIDENT	Title	TREASURER	
Name	CHILDS, CARLTON	Name	HEASTIE, JOE	
Address	1108 N. MARTIN L. KING JR. AVE.	Address	1108 N. MARTIN LUTHER KING AVE	JR.
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL	
Title	DIRECTOR	Title	DIRECTOR	
Name	HINSON, THOMAS	Name	ATKINSON, JOAN ROSALYN	
Address	1108 N. MARTIN LUTHER KING JR. AVE	Address	1108 N. MARTIN LUTHER KING	AVE
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755	
		Continues on page 2		

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600004513

Entity Name: WILLA CARSON HEALTH AND WELLNESS CENTER, INC.

Current Principal Place of Business:

1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755

Current Mailing Address:

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: KIMBERLEY NUNN-CRAWFORD

04/06/2023 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Apr 06, 2023 Secretary of State 8781984140CC

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CLARK, ANDREA
Address	1108 N. MARTIN LUTHER KING AVE
City-State-Zip:	CLEARWATER FL 33755