Current Mai	ing Address:				
1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755					
FEI Number: 65-0743078 Certificate of Status Desired: No					
Name and Address of Current Registered Agent:					
NUNN-CRAWFORD , KIMBERLEY 1108 N MARTIN LUTHER KING AVE CLEARWATER, FL 33755 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	: KIMBERLEY NUNN-CRAWFORD		03	8/06/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director 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 AV	E	
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 AV	E	
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 JR AVE		
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 AV	E	
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755		
		Continues on page 2			

2024 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

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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: KIMBERLEY NUNN-CRAWFORD

03/06/2024 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Mar 06, 2024 **Secretary of State** 0613070828CC

Date

Officer/Director Detail Continued :

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