

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004513

FILED
Feb 06, 2019
Secretary of State
3711489806CC

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:

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:

FAISON, ANNETTE
1118 MACRAE 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: ANNETTE FAISON

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FINANCIAL SECRETARY
Name HINSON, THOMAS
Address 1426 FAIRMONT ST
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name FAISON, ANNETTE
Address 1118 MACRAE AVENUE
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name SHOWERS, GREGORY
Address 133 N. FT HARRISON AVENUE
City-State-Zip: CLEARWATER FL 33755

Title SECRETARY
Name MOORE, FELICIA
Address 1108 N. MARTIN LUTHER KING AVE
City-State-Zip: CLEARWATER FL 33755

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

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

Title VP
Name CHILDS, CARLTON
Address 1108 N. MARTIN LUTHER KING AVE
City-State-Zip: CLEARWATER FL 33755

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

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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: ANNETTE FAISON

DIRECTOR

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name NUNN-CRAWFORD, KIMBERLEY
Address 1108 N. MARTIN L. KING JR. AVE.
City-State-Zip: CLEARWATER FL 33755

Title TREASURER
Name DAVICH, GERARD
Address 1108 N. MARTIN LUTHER KING AVE
City-State-Zip: CLEARWATER FL 33755

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