

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004513

**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:**

HEPBURN, CAROLINE  
197 ASHLEY COURT  
DUNEDIN, FL 34698 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:** CAROLINE HEPBURN

03/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           DIRECTOR  
Name           PEARSON, WAYMAN  
Address        1216 ELDRIDGE 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           HEPBURN, CAROLINE Y  
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           WILSON, CHARLES E  
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:** CAROLINE Y. HEPBURN

**DIRECTOR**

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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