

2014 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: _____

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 VP
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 LEGROW, LORI
Address 1108 N. MARTIN LUTHER KING AVE
City-State-Zip: CLEARWATER FL 33755

Title PRESIDENT
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 HEPBURN

PRESIDENT-BOARD OF DIRECTORS

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
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