


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750937** (5)

1. Corporation Name
WELLNESS, INC.



400001897384

-07/18/96--01008--048

***70.00

Principal Place of Business 8930 NW 89th Ave GAINESVILLE FL 32606 US	Mailing Address 8930 NW 89th Avenue P.O. BOX 749 GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last Report 04/05/1995
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2. Principal Place of Business 4300 N.W. 89th Blvd.	2a. Mailing Address 4300 N.W. 89th Blvd.
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4. FEI Number 59-2011032	Applied For Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
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City & State Gainesville, FL	City & State Gainesville, FL
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 32606	Country US	Zip 32606	Country US
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
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10. Name and Address of New Registered Agent	
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DEMONTMOLLIN, STEPHEN J 8930 NW 39TH AVENUE GAINESVILLE FL 32606	
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81 Name deMontmollin, Stephen J.	82 Street Address (P.O. Box Number is Not Acceptable) 4300 N.W. 89th Blvd.	83	84 City Gainesville	85 Zip Code FL 32606
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Stephen J. deMontmollin* DATE **4/26/96**

12. OFFICERS AND DIRECTORS	
TITLE DS	<input type="checkbox"/> DELETE
NAME FRENCH, ROYAL	
STREET ADDRESS 8930 NW 89TH AVE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE BT	<input checked="" type="checkbox"/> DELETE
NAME DURRANCE, JACK	
STREET ADDRESS 8930 NW 39TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME POWELL, RODGER	
STREET ADDRESS 8930 N.W. 39TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME PEDDIE, EDWARD C	
STREET ADDRESS 8930 NW 39TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COSBY, EDGAR	
STREET ADDRESS 8930 NW 89TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MCKINLEY, PAUL	
STREET ADDRESS 8930 NW 89TH AVENUE	
CITY-ST-ZIP GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME French, Royal	
13 STREET ADDRESS 4300 N.W. 89th Blvd.	
14 CITY-ST-ZIP Gainesville, FL 32606	
21 TITLE DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME Carr, Ed.D., Glenna	
23 STREET ADDRESS 4300 N.W. 89th Blvd.	
24 CITY-ST-ZIP Gainesville, FL 32606	
31 TITLE DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME Mounger, William	
33 STREET ADDRESS 4300 N.W. 89th Blvd.	
34 CITY-ST-ZIP Gainesville, FL 32606	
41 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME Bennett, Edwin	
43 STREET ADDRESS 4300 N.W. 89th Blvd.	
44 CITY-ST-ZIP Gainesville, FL 32606	
51 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME Dinkins, W. Arnold	
53 STREET ADDRESS 4300 N.W. 89th Blvd.	
54 CITY-ST-ZIP Gainesville, FL 32606	
61 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME Bullard, Audrey	
63 STREET ADDRESS 4300 N.W. 89th Blvd.	
64 CITY-ST-ZIP Gainesville, FL 32606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul McKinley* DATE: **4/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Asst. Secretary

CR2E037 (12/95)

CS 7/17/96

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WELLNESS, INC.

ADDITIONS/CHANGES to OFFICERS and DIRECTORS

(continued)

D	Daniels, Al	4300 NW 89th Blvd	Gainesville, FL 32606
D	Martsof, Mary	4300 NW 89th Blvd	Gainesville, FL 32606
D	Nell, Cathy	4300 NW 89th Blvd	Gainesville, FL 32606
D	Townsend, Wallace	4300 NW 89th Blvd	Gainesville, FL 32606

Asst. Secretary Philip J. Hughey 4300 NW 89 Blvd Gainesville, FL 32606

President Peddie, Edward C. 4300 NW 89 Blvd Gainesville FL 325606