

F050000001458

2005 MAR -8 P 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W05-9159

AL

Office Use Only



900045298989

02/11/05--01045--001 \*\*70.00



**FILED**

FLORIDA DEPARTMENT OF STATE 2005 MAR -8 P 12: 28  
Glenda E. Hood  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 22, 2005

DAVID HUNNICUTT  
9802 NICHOLAS STREET  
#315  
OMAHA, NE 68114

SUBJECT: THE WELLNESS COUNCIL OF AMERICA  
Ref. Number: W05000009159

We have received your document for THE WELLNESS COUNCIL OF AMERICA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 605A00012430

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WELLNESS COUNCIL OF AMERICA  
(Name of Corporation - must include suffix)

**FILED**

Dear Sir or Madam:

2005 MAR -8 P 12: 28

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

DAVID HUNNICUTT  
(Name of Person)

WELLNESS COUNCIL OF AMERICA  
(Firm/Company)

9802 NICHOLAS STREET #315  
(Address)

OMAHA NE 68114  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HUNNICUTT  
(Name of Person)

at 402-<sup>827</sup>~~872~~-3590  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. THE WELLNESS COUNCIL OF AMERICA INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership. If not so contained in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. NEBRASKA

(State or country under the law of which it is incorporated)

3. 36-3444746

(FEI number, if applicable)

4. 1998

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2005

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 9802 NICHOLAS STREET #315

(Principal office address)

9802 NICHOLAS STREET #315

(Current mailing address)

8. TO PROMOTE HEALTH AND FITNESS

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: DAVID STEURER

Office Address: 6878 74TH STREET

BRADENTON

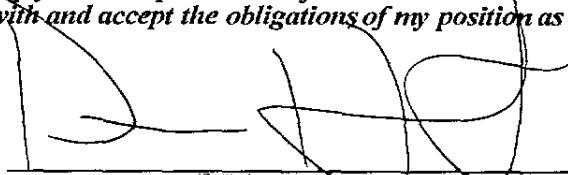
(City)

, Florida 34203

(Zip Code)

10. **Registered Agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered Agent's signature)

11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

FILED

2005 MAR -8 P 12: 28

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Director: GLENDON JOHNSON

Address: ~~13635 DEERING BAY DR #284~~ 3350 SW 27<sup>th</sup> Avenue #1708

~~MIAMI FL 33158~~ Coconut Grove, FL 33133

Director: BILL KIZER

Address: 9802 NICHOLAS STREET #315

OMAHA NE 68114

**B. OFFICERS**

President: DAVID HUNNICUTT

Address: 9802 NICHOLAS STREET #315

OMAHA NE 68114

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: GREG JAHN

Address: 9802 NICHOLAS STREET #315 OMAHA NE 68114

Treasurer: AL HERMAN

Address: 1164 HILLCREST RD DALLAS TX 75230

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID HUNNICUTT

(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

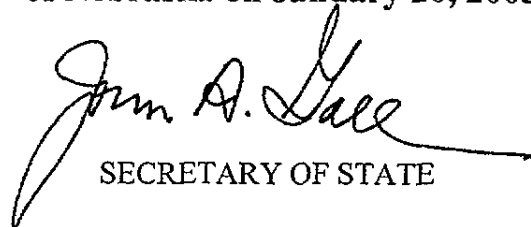
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

**THE WELLNESS COUNCILS OF AMERICA**

was duly incorporated as a nonprofit corporation under the laws of this state on March 27, 1986 and do further certify that no biennial reports or biennial fees assessed are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on January 20, 2005.

  
SECRETARY OF STATE

