

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001458

1. Entity Name
THE WELLNESS COUNCIL OF AMERICA INC.



Principal Place of Business
9802 NICHOLAS STREET #315
OMAHA, NE 68114

Mailing Address
9802 NICHOLAS STREET #315
OMAHA, NE 68114

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3444746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STEURER, DAVID
6878 74TH STREET
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, GLENDON
STREET ADDRESS 3350 SW 27TH AVE. #1708
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME KIZER, BILL
STREET ADDRESS 9802 NICHOLAS STREET #315
CITY-ST-ZIP OMAHA, NE 68114

TITLE P
NAME HUNNICUTT, DAVID
STREET ADDRESS 9802 NICHOLAS STREET #315
CITY-ST-ZIP OMAHA, NE 68114

TITLE S
NAME JAHN, GREG
STREET ADDRESS 9802 NICHOLAS STREET #315
CITY-ST-ZIP OMAHA, NE 68114

TITLE T
NAME HERMAN, AL
STREET ADDRESS 1164 HILLCREST RD
CITY-ST-ZIP DALLAS, TX 75230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000956378
07/25/08-80005-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hunnicutt, President 7/10/08

Date

Daytime Phone #

402-878-590