

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005192

FILED
Aug 18, 2009
Secretary of State

Entity Name: THE HOLISTIC HEALTH & WELLNESS CENTER, INC

Current Principal Place of Business:

35439 CRESCENT DR.
FRUITLAND PARK, FL

New Principal Place of Business:

Current Mailing Address:

35439 CRESCENT DR.
FRUITLAND PARK, FL

New Mailing Address:

35407 OLD LAKE UNITY RD
FRUITLAND PARK, FL 34731 LA

FEI Number: 23-3028413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNOLDS, DEBORAH
35439 CRESCENT DR.
FRUITLAND PARK, FL US

Name and Address of New Registered Agent:

REYNOLDS, DEBORAH P
35407 OLD LAKE UNITY RD
FRUITLAND PARK, FL 34731 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: DEBORAH REYNOLDS

08/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOEY, DESIREE
Address: 11569 E RIDE ST
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: REYNOLDS, DEBORAH ANNE
Address: 35439 CRESCENT DR.
City-St-Zip: FRUITLAND PARK, FL

Title: S () Delete
Name: ANEWALT, JOHN H
Address: 35439 CRESCENT DR.
City-St-Zip: FRUITLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: REYNOLDS, DEBORAH A
Address: 35407 OLD LAKE UNITY RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: S (X) Change () Addition
Name: ANEWALT, JOHN H
Address: 35407 OLD LAKE UNITY RD
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH REYNOLDS

P

08/18/2009

Electronic Signature of Signing Officer or Director

Date