

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000832 (4)

1. Corporation Name

THE WELL BEING PROGRAMS, INCORPORATED



Principal Place of Business

Mailing Address

4249 BOUGAINVILLE DR.
LAUDERDALE BY THE SEA FL 33308

4249 BOUGAINVILLE DR.
LAUDERDALE BY THE SEA FL 33308

110 SW 8th Ave.

110 SW 8th Ave.

Ft Lauderdale FL 33312 Ft Lauderdale FL 33312

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2/20/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-4286877

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUEBIRD, GAYLE
4249 BOUGAINVILLE DR.
LAUDERDALE BY THE SEA FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

110 SW 8th Ave.

83

84 City

Ft Lauderdale

FL

85 Zip Code

33312

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

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE

NAME CAMPBELL, JEAN
STREET ADDRESS 5607 NEOSHO
CITY-ST-ZIP ST. LOUIS MO 63109

1.1 TITLE ☐ Change ☐ Addition

TITLE PDC ☐ DELETE

NAME WEINTRAUB, JUDY
STREET ADDRESS 2811 3RD ST., #5
CITY-ST-ZIP SANTA MONICA CA 90405

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SCHRAIBER, RON
STREET ADDRESS 13429 CAMILLA ST., #A
CITY-ST-ZIP WHITTIER CA 90601

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BLUEBIRD, GAYLE
STREET ADDRESS 4249 BOUGAINVILLE DR.
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

4.1 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME CLAY, SALLY
STREET ADDRESS 310 ELM ST.
CITY-ST-ZIP NEW YORK CITY NY 10009

5.1 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHELL, BONNIE
STREET ADDRESS 224 HIGHLAND CT.
CITY-ST-ZIP SANTA CRUZ CA 95060

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Date

(954) 797-8411

Daytime Phone #

CR2E037 (12/95)