

FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90009 025 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000832

Corporation Name

THE WELL BEING PROGRAMS, INCORPORATED

Principal Place of Business

10 SW 8TH AVENUE  
FORT LAUDERDALE FL 33312  
US

Mailing Address

110 SW 8TH AVENUE  
FORT LAUDERDALE FL 33312  
US



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
25		26		02/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		95-4286877	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BLUEBIRD, GAYLE 110 SW 8TH AVENUE FORT LAUDERDALE FL 33312				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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: Gayle Bluebird (NOTE: Registered Agent signature required when reinstating) DATE: 1-8-98

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CAMPBELL, JEAN	1.2 NAME	
REET ADDRESS	5607 NEOSHO	1.3 STREET ADDRESS	
Y-ST-ZIP	ST. LOUIS MO 63109	1.4 CITY-ST-ZIP	
E	PDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	WEINTRAUB, JUDY	2.2 NAME	
REET ADDRESS	2811 3RD ST., #5	2.3 STREET ADDRESS	
-ST-ZIP	SANTA MONICA CA 90405	2.4 CITY-ST-ZIP	
E	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	SCHRAIBER, RON	3.2 NAME	
REET ADDRESS	13429 CAMILLA ST., #A	3.3 STREET ADDRESS	
-ST-ZIP	WHITTIER CA 90601	3.4 CITY-ST-ZIP	
E	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	BLUEBIRD, GAYLE	4.2 NAME	
-ST-ZIP	110 SW 8TH AVENUE	4.3 STREET ADDRESS	
	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
E	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	CLAY, SALLY	5.2 NAME	
-ST-ZIP	909 LAKE JUNE RD	5.3 STREET ADDRESS	
	LAKE PLACID FL	5.4 CITY-ST-ZIP	
E	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	SCHELL, BONNIE	6.2 NAME	
-ST-ZIP	310 WALNUT AVE	6.3 STREET ADDRESS	
	SANTA CRUZ CA 95060	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 1-8-98 DAYTIME PHONE: (954) 467-1431