

2001 UNIFORM BUSINESS REPORT (UBR)

0014341

DOCUMENT # N00000002755

1. Entity Name

THE SPIRITUAL WELLNESS TRAINING AND DEVELOPMENT

Principal Place of Business

2268 HICKORY TREE LN.
TALLAHASSEE FL 32307

Mailing Address

2268 HICKORY TREE LN.
TALLAHASSEE FL 32307

2. Principal Place of Business

2268 Hickory Tree Lane

3. Mailing Address

2268 Hickory Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. FEI Number

59 3655651

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER-CARTER, BETSY
2268 HICKORY TREE LN.
TALLAHASSEE FL 32307

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Betsy Butler-Carter

Betsy Butler-Carter

4/24/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME President ☐ Delete
NAME Betsy Butler-Carter
STREET ADDRESS 2268 Hickory Tree Lane; Tall, FL
CITY-ST-ZIP

TITLE NAME Secretary ☒ Delete
NAME Anne Lightsey-Foster
STREET ADDRESS 24 Fairview Drive
CITY-ST-ZIP Jonesboro, GA 30238

TITLE NAME Gary Roberts, Treasurer ☐ Delete
NAME 501 E. Tenn. St., Ste C
STREET ADDRESS Tallahassee, FL 32308
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Secretary ☐ Change ☒ Addition
NAME Priscilla Wood
STREET ADDRESS 2176 E. Park Avenue
CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 4000004194534 ☐ Change ☐ Addition
NAME
STREET ADDRESS -05/10/01--01131--011
CITY-ST-ZIP *****75.00 *****75.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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:

Betsy Butler-Carter

Betsy Butler-Carter

4/24/01

(850) 562-5057

CR2E037 (10/00)