

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007892

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WELLNESS RESEARCH FOUNDATION INC.

## Current Principal Place of Business:

12794 FOREST HILL BLVD., SUITE 16  
WELLINGTON, FL 33414

## New Principal Place of Business:

11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411

## Current Mailing Address:

12794 FOREST HILL BLVD., SUITE 16  
WELLINGTON, FL 33414

## New Mailing Address:

11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411

FEI Number: 71-0947033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEARS, AL  
12794 FOREST HILL BLVD., SUITE 16  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

SEARS, AL  
11903 SOUTHERN BLVD.  
208  
ROYAL PALM BEACH, FL 33411 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:

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REILLO, PAUL PHD  
Address: 1222 E ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MS ( ) Delete  
Name: MCCORMICK, LOUISE  
Address: 785 JUNIPER PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MR ( ) Delete  
Name: SHAEFER, CHUCK  
Address: 12797 W. FOREST HILL BLVD.  
City-St-Zip: WELLINGTON, FL 33414

Title: MS ( ) Delete  
Name: LANSAT, MIDGE  
Address: 107 EAGLETON LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: ALTMAN, KAMARA PHD.  
Address: 12794 W. FOREST HILL BLVD. SUITE 16  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SANDY DEROSE

COO

04/30/2009

Electronic Signature of Signing Officer or Director

Date