

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008512

FILED
Apr 29, 2004
Secretary of State

Entity Name: TRUTH IN WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 6886
VERO BEACH, FL 329616886

New Principal Place of Business:

Current Mailing Address:

PO BOX 6886
VERO BEACH, FL 329616886

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ROBERT C
1601 20TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISH, DOUGLAS F
Address: 805 36TH AVENUE
City-St-Zip: VERO BEACH, FL 329616886

Title: D () Delete
Name: SEERAM, SAMUEL
Address: 1749 26TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: DELGADO, YOLANDA
Address: 805 36TH AVE
City-St-Zip: VERO BEACH, FL 32960

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS F FISH

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date