

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002637

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE FOUNDATION FOR WELLNESS PROFESSIONALS, INC.

Current Principal Place of Business:

401 YELVINGTON AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

401 YELVINGTON AVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 04-3749724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, DAVID
401 B YELVINGTON AVENUE
CLEARWATER, FL 33755 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: P () Delete
Name: SINGER, DAVID CEO
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: D () Delete
Name: SINGER, DAVID
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: V () Delete
Name: VENEGAS, DIANA
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: D () Delete
Name: VENEGAS, DIANA
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: S () Delete
Name: NABORS, MARY BETH
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: T () Delete
Name: NABORS, MARY BETH
Address: 2840 WEST BAY DRIVE, SUITE 225
City-St-Zip: BELLEAIR BLUFF, FL 33770

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:

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: DR. DAVID SINGER

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date