

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001474

FILED
Aug 29, 2009
Secretary of State

Entity Name: WILLIAM RHEA SOCIETY FOR CHILDREN'S WELLNESS INC.

Current Principal Place of Business:

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 55-0858212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUPLANTIER RHEA, BEATRICE
1645 PARK AVE. NORTH
WINTER PARK, FL 32789 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RHEA, BEATRICE
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: RHEA, JEAN-EDWIN
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: DOMERGUE, CHRISTIAN
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUPLANTIER-RHEA, BEATRICE
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

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: BEATRICE DUPLANTIER-RHEA

PRES

08/29/2009

Electronic Signature of Signing Officer or Director

Date