

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003709

FILED
May 01, 2006
Secretary of State

Entity Name: THE WELL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1610 SHERWOOD LAKES BOULEVARD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

1610 SHERWOOD LAKES BOULEVARD
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 20-0843483 **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:

DYER, BARBARA
1610 SHERWOOD LAKES BOULEVARD
LAKELAND, FL 33809 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: D () Delete
Name: AGUIAR, SUSAN
Address: 1806 SEMINOLE TRAIL
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: CHAPMAN, KAREN M
Address: 2032 BROKEN ARROW TRAIL, NORTH
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: COLKMIRE, NOLAND REV.
Address: 7476 PLEASANT HILL DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: EVANS, MARGARET DR.
Address: 5113 LAKE-IN-THE-WOODS
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HOLLEY, HOPE
Address: 2345 COLLINS LANE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: STARGEL, JOHN K HONORAB
Address: 2345 COLLINS LANE
City-St-Zip: LAKELAND, FL 33803

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 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: BARBARA S. DYER

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date