2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N04000003709

Entity Name: THE WELL OF CENTRAL FL0RIDA, 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 (X)**

Name and Address of Current Registered Agent:

DYER, BARBARA
1610 SHERWOOD LAKES BOULEVARD
LAKELAND, FL 33809 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:	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 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 04/28/2007

Electronic Signature of Signing Officer or Director — Date