

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001346

FILED
Aug 01, 2007
Secretary of State

Entity Name: D.L. WELLS WHOLE MAN FOUNDATION, INC.

Current Principal Place of Business:

2807 N. 22ND STREET
TAMPA, FL 33605

New Principal Place of Business:

2831 BLUESLATE CT
LAND O LAKES, FL 34638

Current Mailing Address:

2807 N. 22ND STREET
TAMPA, FL 33605

New Mailing Address:

2831 BLUESLATE CT
LAND O LAKES, FL 34638

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, DERRICK L.
1324 BROOKVIEW DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

WELLS, DERRICK L.
2831 BLUESLATE CT
LAND O LAKES, FL 34638 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: DERRICK WELLS

08/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WELLS, DERRICK L.
Address: 1324 BROOKVIEW DR.
City-St-Zip: ODESSA, FL 33556

Title: DVP () Delete
Name: BRUNER, MARGO
Address: 17735 STARFISH CT., APT. D
City-St-Zip: LUTZ, FL 33558

Title: DS () Delete
Name: SELLERS, MELANIE
Address: 17735 STARFISH CT., APT. D
City-St-Zip: LUTZ, FL 33558

Title: DT () Delete
Name: WEBBER, RASHANDA
Address: 19423 VIA DEL MAR, APT. 303
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WELLS, DERRICK L.
Address: 2831 BLUESLATE CT
City-St-Zip: LAND O LAKES, FL 34638

Title: DVP (X) Change () Addition
Name: BRUNER, MARGO
Address: 9645 HOMESTEAD CT A
City-St-Zip: LAUREL, MD 20723

Title: DS (X) Change () Addition
Name: SELLERS, MELANIE
Address: 13831 LORD FAIRFAX PL
City-St-Zip: UPPER MARLBORO, MD 20772

Title: DT (X) Change () Addition
Name: WEBBER, RASHANDA
Address: 8639 N HIMES AVE #2109
City-St-Zip: TAMPA, FL 33614

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: DERRICK WELLS

DP

08/01/2007

Electronic Signature of Signing Officer or Director

Date