

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001346

FILED  
Jul 08, 2009  
Secretary of State

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

## Current Principal Place of Business:

2831 BLUESLATE CT  
LAND O LAKES, FL 34638

## New Principal Place of Business:

## Current Mailing Address:

2831 BLUESLATE CT  
LAND O LAKES, FL 34638

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: BRUNER, MARGO  
Address: 13831 LORD FAIRFAX PL  
City-St-Zip: UPPER MARLBORO, MD 20772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WEBBER, RASHANDA  
Address: 13831 LORD FAIRFAX PL  
City-St-Zip: UPPER MARLBORO, MD 20772

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 L. WELLS

DP

07/08/2009

Electronic Signature of Signing Officer or Director

Date