

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001346

FILED
Feb 07, 2011
Secretary of State

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

Current Principal Place of Business:

8766 KEY BISCAYNE DRIVE, #206
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

10117 TOWHEE AVE
ADELPHI, MD 20783

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLS, DERRICK L.
8766 KEY BISCAYNE DRIVE, #206
TAMPA, FL 33614 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
Name: WELLS, MICHAEL
Address: 6428 BEAR CT
City-St-Zip: WALDORF, MD 20603

Title: DT
Name: WEBBER, RASHANDA
Address: 3910 BLACKBURN LANE, #43
City-St-Zip: BURTONSVILLE, MD 20866

Title: P
Name: ROBINSON, CIARRA
Address: 6416 BLARNEY STONE COURT
City-St-Zip: SPRINGFIELD, VA 22152

Title: V
Name: BRUNER, MARGO
Address: 3910 BLACKBURN LN APT 43
City-St-Zip: BURTONSVILLE, MD 20866

Title: S
Name: BARROW, TANGELA
Address: 3006 TINKER DR
City-St-Zip: FT WASHINGTON, MD 20744

Title: D
Name: TAYLOR, SILREKA
Address: 6416 BLARNEY STONE CT
City-St-Zip: SPRINGFIELD, VA 22152

I hereby 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 all other like empowered.

SIGNATURE: CIARRA ROBINSON

P

02/07/2011

Electronic Signature of Signing Officer or Director

Date