2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# N05000001346

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:

WELLS, DERRICK L.
8766 KEY BISCAYNE DRIVE, #206
TAMPA, FL 33614 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
Name: TAYLOR, JOSHUA
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

Title: DT
Name: DUDLEY, CHARLENE
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

Title: P
Name: ROBINSON, CIARRA
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

Title: V
Name: TAYLOR, SILREAKA
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

Title: S
Name: DUDLEY, BOBBY
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

Title: D
Name: JONES, AUDREY
Address: 10117 TOWHEE AVE
City-St-Zip: ADELPHI, MD 20783

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 PD 02/29/2012

Electronic Signature of Signing Officer or Director — Date