

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90233 029 \*\*\*\*70.00

DOCUMENT # N05000003588

1. Entity Name  
THE FOUNDATION FOR WHOLENESS, INC.



Principal Place of Business  
3731 NW 9TH AVE SUITE 4  
POMPAÑO BEACH, FL 33064

Mailing Address  
3731 NW 9TH AVE SUITE 4  
POMPAÑO BEACH, FL 33064

50016996



2. Principal Place of Business

500 SE 17th Street  
Suite, Apt. #, etc.  
Suite 220

3. Mailing Address

500 SE 17th Street  
Suite, Apt. #, etc.  
Suite 220

04202006 Chg-NP CR2E037 (11/05)

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number  
20-2514139

Applied For  
Not Applicable

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIRNUM, ALLAN  
3731 NW 9TH AVE SUITE 4  
POMPAÑO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name Eric Yankwitt

Street Address (P.O. Box Number is Not Acceptable)

500 SE 17th Street - Suite 220

City Fort Lauderdale

FL

Zip Code 33316

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LHERISSON-LUKE, REGINE  
STREET ADDRESS 3731 NW 9TH AVE SUITE 4  
CITY-ST-ZIP POMPAÑO BEACH, FL 33064 ☐ Delete

TITLE V  
NAME KAMSTRA, RENE  
STREET ADDRESS 3731 NW 9TH AVE SUITE 4  
CITY-ST-ZIP POMPAÑO BEACH, FL 33064 ☒ Delete

TITLE S  
NAME JEAN-LOUIS, ANNE-MARIE  
STREET ADDRESS 3731 NW 9TH AVE SUITE 4  
CITY-ST-ZIP POMPAÑO BEACH, FL 33064 ☒ Delete

TITLE T  
NAME DEL GAVIO, TONY  
STREET ADDRESS 3731 NW 9TH AVE SUITE 4  
CITY-ST-ZIP POMPAÑO BEACH, FL 33064 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME Dr John Banks  
STREET ADDRESS 500 SE 17th Street - Ste 220  
CITY-ST-ZIP Fort Lauderdale, FL 33316 ☒ Change ☐ Addition

TITLE  
NAME Daniel T. Harn, Esq.  
STREET ADDRESS 500 SE 17th Street - Ste 220  
CITY-ST-ZIP Fort Lauderdale, FL 33316 ☒ Change ☐ Addition

TITLE  
NAME Peter Savitz  
STREET ADDRESS 500 SE 17th St. - Ste 220  
CITY-ST-ZIP Fort Lauderdale, FL 33316 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Regine Lherisson-Luke  
President and Founder

4/21/06

866-393-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #