

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-19-2006 90007 006 \*\*\*\*61.25

N05000008459

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 24 AM 11:03

DOCUMENT # N05000008459

1. Entity Name  
WELAKA CLINIC, INC.



Principal Place of Business  
405 ELM STREET  
WELAKA, FL 32193 US

Mailing Address  
P.O. BOX 1098  
WELAKA, FL 32193 US

2. Principal Place of Business

3. Mailing Address  
P.O. Box 1110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
WELAKA, FL

Zip

Country

Zip

Country

32193

07102006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
20-3254644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALLEN  
99 ORANGE STREET  
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 September 6, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
SCOTT, ALLEN  
99 ORANGE STREET  
ST. AUGUSTINE, FL 32084 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
Director  
Gordon Sands  
P.O. Box 415  
WELAKA, FL 32193 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Charles Wilson  
P.O. Box 54  
WELAKA, FL 32193 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Alfred Johnson  
P.O. Box 185  
WELAKA, FL 32193 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Eddie Johns  
P.O. Box 737  
WELAKA, FL 32193 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
James Haskell  
216 Sportsman Dr.  
Satsuma, FL 32193 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

386/467-9800

Daytime Phone #