

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000008459**

1. Entity Name  
**WELAKA CLINIC, INC.**



Principal Place of Business

**405 ELM STREET  
WELAKA, FL 32193 US**

Mailing Address

**P.O. BOX 1110  
WELAKA, FL 32193 US**

**DO NOT WRITE IN THIS SPACE**



01192007 No 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**

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IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

DATE  
**02/02/07-80043-007 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, GORDON P.O. BOX 415 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CHARLES P.O. BOX 54 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALFRED P.O. BOX 185 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, EDDIE P.O. BOX 737 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKELL, JAMES 216 SPORTSMAN DRIVE SATSUMA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

**1/25/07 386/467-9800**