

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011007

FILED
Sep 06, 2006
Secretary of State

Entity Name: DR. EL'S WELLNESS INSTITUTE, INC.

Current Principal Place of Business:

649 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

649 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMAS, HURFORD E
649 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 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: PRES () Delete
Name: THOMAS, HURFORD E DR.
Address: 649 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP () Delete
Name: THOMAS, NEL B MS.
Address: C/O BEHAVIORAL CENTER, 601 E. ROLLINS ST
City-St-Zip: ORLANDO, FL 32803 US

Title: DIR. () Delete
Name: LEWIS, GIDEON DR.
Address: 1800 PEMBROOK DR., SUITE 300
City-St-Zip: MAITLAND, FL 32751

Title: DIR () Delete
Name: NKOSI, GIBSON PASTOR
Address: 7802 HERON LAKES DR.
City-St-Zip: HOUSTON, TX 77064 US

Title: DIR () Delete
Name: THOMPSON, ROLAND MR.
Address: EMPLOYEE HEALTH, 601 E. ROLLINS ST.
City-St-Zip: ORLANDO, FL 32803 US

Title: DIR. () Delete
Name: GRAY, OLIVE MS.
Address: 6719 NAWADAH BLVD
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BENJAMIN, FINBAR DR.
Address: 207 HUNTERS COVE
City-St-Zip: HUNTSVILLE, AL 35816 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HURFORD E. THOMAS

DR.

09/06/2006

Electronic Signature of Signing Officer or Director

Date