

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012714

FILED
May 01, 2006
Secretary of State

Entity Name: WHOLE VILLAGE INC.

Current Principal Place of Business:

435 CLARK RPAD
SUITE 614
JACKSONVILLE, FL 32218

New Principal Place of Business:

435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218

Current Mailing Address:

435 CLARK RPAD
SUITE 614
JACKSONVILLE, FL 32218

New Mailing Address:

435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218

FEI Number: 16-1745005 FEI Number Applied For () 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:

FORD, SHIRLEY J
10901 BURNT MILL ROAD
#306
JACKSONVILLE, FL 32256 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: P () Delete
Name: FORD, SHIRLEY J
Address: 10901 BURNT MILL RD #306
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: FORD, SEAN
Address: 4347 S. GREENWOOD AVE.
City-St-Zip: CHICAGO, IL 60615

Title: ST () Delete
Name: VILLAREAL, OKI
Address: 4347 S. GREENWOOD AVE.
City-St-Zip: CHICAGO, IL 60615

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:

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: SHIRLEY J. FORD

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date