

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000483

FILED
Apr 25, 2008
Secretary of State

Entity Name: SOJOURNER WELLNESS, INC

Current Principal Place of Business:

6530 NW 70TH AVE.
TAMARAC, FL 33321

New Principal Place of Business:

600 SW 3 ST
3000
POMPANO BEACH, FL 33060

Current Mailing Address:

6530 NW 70TH AVE.
TAMARAC, FL 33321

New Mailing Address:

600 SW 3 ST
3000
POMPANO BEACH, FL 33060

FEI Number: 03-0613828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUPLING, MARY L
6530 NW 70TH AVE.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

TUPLING, MARY L
2436 N FEDERAL HWY
363
LIGHTHOUSE POINT, FL 33064 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:

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUPLING, MARY L
Address: 6530 NW 70TH AVE.
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: MIDDLETON, JEFFREY A
Address: 33 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: SCHATTINGER, DARCI
Address: 906 SE 10TH ST.
City-St-Zip: POMPANO, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TUPLING, MARY L
Address: 2436 N. FEDERAL HWY #363
City-St-Zip: LIGHTHOUSE POINT, FL 33060

Title: D (X) Change () Addition
Name: BROWN, JERRY
Address: 323 N. BETHEL ST
City-St-Zip: THOMASTON, GA 30286

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY LEE TUPLING

DIRE

04/25/2008

Electronic Signature of Signing Officer or Director

Date