

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000495

FILED
Aug 06, 2008
Secretary of State

Entity Name: WELLNESS AND HEALING PATHS, INC.

Current Principal Place of Business:

4958 62ND AVENUE S
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

4958 62ND AVENUE S
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 41-2224721 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:

DUNBAR, DEANNA
4958 62ND AVENUE S
ST. PETERSBURG, FL 33715 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: DUNBAR, DEANNA
Address: 4958 62ND AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33715

Title: V () Delete
Name: CLEMENTS, KATHY DR.
Address: 4602 N. ARMENIA AVENUE #B4
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: WEAVER, JOHN
Address: 3601 SWANN AVENUE #207
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: HULL, FAITH
Address: 733 50TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HERNANDEZ, ANNA M
Address: 1913 PALM DRIVE
City-St-Zip: CLEARWATER, FL 33763

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 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: DEANNA DUNBAR

P

08/06/2008

Electronic Signature of Signing Officer or Director

Date