

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001976

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE M.K. JANNOUN WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

5523 RAWLS RD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5523 RAWLS RD
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-8953650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANNOUN, SAEB
5523 RAWLS RD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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: D () Delete
Name: JANNOUN, SAEB
Address: 5523 RAWLS RD
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: JANNOUN, JANET
Address: 5523 RAWLS RD
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: JANNOUN, ROSE
Address: 5523 RAWLS RD
City-St-Zip: TAMPA, FL 33625

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 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: SAEB JANNOUN

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date