

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010425

FILED
Apr 18, 2008
Secretary of State

Entity Name: JF WILLINGNESS CENTER, INC

Current Principal Place of Business:

291 WOODLAND RD
PALM SPRING, FL 33461

New Principal Place of Business:

Current Mailing Address:

291 WOODLAND RD
PALM SPRING, FL 33461

New Mailing Address:

FEI Number: 74-3255305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERIC, JOUBERT
291 WOODLAND RD
PALM SPRING, FL 33461 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: DP () Delete
Name: FREDRIC, JOUBERT
Address: 291 WOODLAND RD
City-St-Zip: PALM SPRING, FL 33461

Title: DS () Delete
Name: RAPHAEL, ANNE M
Address: PO BOX 5
City-St-Zip: LAKE WORTH, FL 33466

Title: DT () Delete
Name: LUBERISSE, DUNORD
Address: 5903 TIMBER VALLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33463

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: JOUBERT FREDERIC

DP

04/18/2008

Electronic Signature of Signing Officer or Director

Date