

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002749

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

**Entity Name:** SUZANNE PERRY WELLNESS BENEFIT FUND, INC.

**Current Principal Place of Business:**

225 TURTLE LAKE COURT, APT 206  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

225 TURTLE LAKE COURT, APT 206  
NAPLES, FL 34105

**New Mailing Address:**

6085 SHALLOWS WAY  
NAPLES, FL 34109

**FEI Number:** 26-4279836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, KAREN L  
6085 SHALLOWS WAY  
NAPLES, FL 341090762 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:** P  
**Name:** PERRY, SUZANNE  
**Address:** 225 TURTLE LAKE COURT, APT 206  
**City-St-Zip:** NAPLES, FL 34105

**Title:** SEC  
**Name:** RYAN, KAREN L  
**Address:** 6085 SHALLOWS WAY  
**City-St-Zip:** NAPLES, FL 34109

**Title:** TREA  
**Name:** RYAN, KAREN L  
**Address:** 6085 SHALLOWS WAY  
**City-St-Zip:** NAPLES, FL 34109

I hereby 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 all other like empowered.

**SIGNATURE:** KAREN L. RYAN

SEC

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date