2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# N09000005357

Entity Name: WELL PAVILION EMPOWERMENT CENTER INC

Current Principal Place of Business:

3304 SANCHEZ ST
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3304 SANCHEZ ST
TAMPA, FL 33605

New Mailing Address:

FEI Number: 61-1559700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAVIN, SAMANTHA
5131 PLUM PARK CT #209
TAMPA, FL 33610 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: MAYS, ERICK SR
Address: 670 CAPE COD LOOP
City-St-Zip: SPRING HILL, FL 34607

Title: VP
Name: ROBINSON-MAYS, TAMI W
Address: 670 CAPE COD LOOP
City-St-Zip: SPRING HILL, FL 34607

Title: T
Name: MAGRAS-GAVIN, SAMANTHA
Address: 5131 PLUM PARK CT #209
City-St-Zip: TAMPA, FL 33610

Title: C
Name: REAVES, MICHAEL
Address: 4701 N 19TH ST
City-St-Zip: TAMPA, FL 33610

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: TAMI ROBINSON-MAYS VP 03/15/2012
Electronic Signature of Signing Officer or Director Date