

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006180

FILED
Feb 17, 2010
Secretary of State

Entity Name: MCGHEE HEARTFELT WHOLENESS CENTER, INC.

Current Principal Place of Business:

6522 BARTH ROAD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 12378
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 27-0212884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGHEE, BETTINA
6522 BARTH ROAD
JACKSONVILLE, FL 32219 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: MCGHEE, FADIA M
Address: 6522 BARTH ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP
Name: MCGHEE, CARLOS J SR
Address: 6522 BARTH ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: DIR
Name: MCGHEE, CARLOS J JR
Address: 1346 BRIDIER STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR
Name: UPKINS, CHRISTOPHER T
Address: 3641 WEDDINGTON RIDGE LANE
City-St-Zip: MATTHEWS, NC 28105

Title: DIR
Name: MCGHEE, PERNELL R
Address: 6753 RHODE ISLAND DRIVE, EAST
City-St-Zip: JACKSONVILLE, FL 32209

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: FADIA M. MCGHEE

P

02/17/2010

Electronic Signature of Signing Officer or Director

Date