

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

DOCUMENT# N09000011234

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** ESTELLA BYRD WHITMAN WELLNESS AND COMMUNITY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

819 N.W. 7TH STREET  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

10423 S.W. 45TH AVENUE  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, CAROLYN  
10423 S.W. 45TH AVENUE  
OCALA, FL 34476 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  
Name: ADAMS, CAROLYN  
Address: 10423 S.W. 45TH AVENUE  
City-St-Zip: Ocala, FL 34476 US

Title: D  
Name: ADAMS, ARTHUR  
Address: 10423 S.W. 45TH AVENUE  
City-St-Zip: Ocala, FL 34476 US

Title: D  
Name: THOMAS, MARGARET  
Address: 1057 S.E. 51ST AVENUE  
City-St-Zip: Ocala, FL 34470 US

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: CAROLYN ADAMS

D

09/17/2010

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

\_\_\_\_\_  
Date