

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002712

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE WELLNESS COMMUNITY--SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3900 CLARK RD  
BLDG P-3  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 CLARK RD  
BLDG P-3  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 65-0495067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LOCKABY, JAY R  
3900 CLARK ROAD BUILDING P3  
SARASOTA, FL 34233 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: ED ( ) Delete  
Name: LOCKABY, JAY R  
Address: 8005 HAVEN HARBOUR WAY  
City-St-Zip: BRADENTON, FL 34212 US

Title: CHAI ( ) Delete  
Name: WILLIAMS, RICHARD LLL  
Address: 1703 HYDE PARK STREET  
City-St-Zip: SARASOTA, FL 34239 US

Title: VICE ( ) Delete  
Name: WRIGHT, SARAH  
Address: 224 SEAGULL LANE  
City-St-Zip: SARASOTA, FL 34236 US

Title: SEC ( ) Delete  
Name: HALPERN, TOBY  
Address: 7928 WARWICK GARDENS LANE  
City-St-Zip: SARASOTA, FL 34201 US

Title: TREA ( ) Delete  
Name: WOLVERTON, MICHAEL  
Address: P. O. BOX 2600  
City-St-Zip: SARASOTA, FL 34230 US

**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:

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: JAY R. LOCKABY

ED

04/30/2007

Electronic Signature of Signing Officer or Director

Date