

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 12, 2007
Secretary of State

DOCUMENT# N94000002712

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 ()****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:** CHAI (X) Change () Addition
Name: WRIGHT, SALLY
Address: 224 SEAGULL LANE
City-St-Zip: SARASOTA, FL 34236 US**Title:** VICE (X) Change () Addition
Name: WOLVERTON, MICHAEL
Address: P. O. BOX 2600
City-St-Zip: SARASOTA, FL 34230 US**Title:** SEC (X) Change () Addition
Name: SCHULTZ, PATRICIA
Address: 1828 GROVE STREET
City-St-Zip: SARASOTA, FL 34239 US**Title:** TREA (X) Change () Addition
Name: ZEITZ, BRIAN
Address: 5106 76TH STREET EAST
City-St-Zip: BRADENTON, FL 34203 US

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: MICHAEL WOLVERTON

TRES

07/12/2007

Electronic Signature of Signing Officer or Director

Date