

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002712

FILED
Mar 23, 2009
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:

HENDRICKS, NANCY L OPER D
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: WOLVERTON, MICHAEL
Address: P. O. BOX 2600
City-St-Zip: SARASOTA, FL 34230 US

Title: VICE () Delete
Name: KALISH, CAROL ANN
Address: 1744 SPRING CREEK DRIVE
City-St-Zip: SARASOTA, FL 34239 US

Title: SEC () Delete
Name: GOSHORN, CATHERINE S
Address: 340 W. ROYAL FLAMINGO DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: TREA () Delete
Name: PEPE, MARSHALL
Address: 3938 PRAIRIE DUNES DRIVE
City-St-Zip: BRADENTON, FL 34238 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: MICHAEL WOLVERTON

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date