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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500002105 (3)

THE CREATIVE WELLNESS INSTITUTE CORPORATION

Principal Place o	of Business		Mailing Address	Mailing Address						
222 LAKEVIEW	DRIVE		222 LAKEVIEY							
SUITE 160214 WEST PALM BEACH FL 33401			SUITE 160214 WEST PALM BEACH FL 33401			2. Data lacemanded or Original	iod 3s Da	te of Last R	Seport	
		HEO! FREM!				 Date Incorporated or Qualif 04/27/1995 	ieu jas. Dai	io di Lasi M		
, Principal Plac	ne of Business	2	2a. Mailing Add	Iress			4. FEI Number	~~~		oplied For
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Suite, Apt. #,	. etc.		Suite, Apt.	#, etc.			5. Certificate of Status Desired	d 🗆		Additional
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City & State			City & State	9			6. Election Campaign Financia Trust Fund Contribution	ng 🖂	•	May Be to Fees
L	·		Zip		Country	,	8. This corporation has liability	for intangible ta		
Zip]	2	Country	29	30	¬ ´		Florida Statutes	☐ Yes ☐	No	
			ent Registered Agen		J.—	-	10. Name and Address of N	ew Registered	Agent	
	g, itanio c				B1	Name				
3401050	MINITERA	D4/4D 0			82	Stepot	Address (P.O. Box Number is Not Acce	eptable)		
MONIER-WILLIAMS, DAVID B 222 LAKEVIEW DRIVE				82		Silecti	Street Address (F.O. Box Multiber is Not Acceptation)			
					83					
SUITE 16		E) 22401				0:-			85 Zip	Code
	ALM BEACH				84	1		FL	. `` ``	_
	a the evolution	on of Sections 617.050	12 and 617 1508 Flor	ida Statutes, th	ne above	named co	proporation submits this statement for the	e purpose of cha	anging its re	gistered o
or registere familiar with	ed agent, or b h, and accept	oth, in the State of Fig the obligations of, Se	ction 617.0503, Florid	a Statutes.	y (1 to 001)	20100110	board of directors. I hereby accept the			
IGNATURE _	Stanature typed or	printed name of registered age	ent and title if applicable.	(NOTE: R	egistered Age	ent signature r	required when reinstating)	DATE		
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