

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002105 (3)

1. Corporation Name

THE CREATIVE WELLNESS INSTITUTE CORPORATION



Principal Place of Business

Mailing Address

222 LAKEVIEW DRIVE  
SUITE 160214  
WEST PALM BEACH FL 33401

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SUITE 160214  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified  
04/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

66-0439798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☐

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONIER-WILLIAMS, DAVID B  
222 LAKEVIEW DRIVE  
SUITE 160214  
WEST PALM BEACH FL 33401

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MONIER-WILLIAMS, DAVID B  
CITY-ST-ZIP 222 LAKEVIEW DRIVE, SUITE 160214  
WEST PALM BEACH FL 33401

1.1 TITLE TREASURER ☐ Change ☒ Addition  
1.2 NAME ROSEMARY MONIER-WILLIAMS  
1.3 STREET ADDRESS 222 LAKEVIEW DR SUITE 160214  
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE SECRETARY ☐ Change ☒ Addition  
2.2 NAME DAVID TEBBS  
2.3 STREET ADDRESS 12798 W. FOREST HILL BLVD #204  
2.4 CITY-ST-ZIP WASHINGTON FL 33414

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE DIRECTOR ☐ Change ☒ Addition  
3.2 NAME DAVID B. MONIER-WILLIAMS  
3.3 STREET ADDRESS 222 LAKEVIEW DR SUITE 160214  
3.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

407-832-7348

CR2E037 (12/95)