

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003401 (5)**  
1. Corporation Name  
**THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.**



Principal Place of Business <b>2053 EASTBROOK BOULEVARD WINTER PARK FL 32782</b>	Mailing Address <b>2053 EASTBROOK BOULEVARD WINTER PARK FL 32782-2045</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>07/18/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3368679</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, LARRY K  
924 H LAKE DESTINY ROAD  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENITEZ, XOCHITL</b>	1.2 NAME	<b>D GERARD MARCIGU</b>
STREET ADDRESS	<b>4809 GORHAM AVENUE</b>	1.3 STREET ADDRESS	<b>924 OASIS COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	1.4 CITY-ST-ZIP	<b>APOPKA FL 32714</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, MARGARET</b>	2.2 NAME	<b>MARK SOLOMAN</b>
STREET ADDRESS	<b>6524 CANTERLEA DRIVE</b>	2.3 STREET ADDRESS	<b>2053 EASTBROOK BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	<b>WINTER PARK FL 32782</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WGS, SAMUEL B</b>	3.2 NAME	<b>D DON HUTSKO</b>
STREET ADDRESS	<b>100 SOUTH HUGHEY</b>	3.3 STREET ADDRESS	<b>20250 MAXIM PARKWAY</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY-ST-ZIP	<b>ORL FL 32833-3831</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAQUIN, JACQUELIN</b>	4.2 NAME	
STREET ADDRESS	<b>901 W. MACK STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCOIS, MARIE J</b>	5.2 NAME	
STREET ADDRESS	<b>2053 EASTBROOK BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, CONRAD</b>	6.2 NAME	<b>100002201931</b>
STREET ADDRESS	<b>183 POINSETTIA DRIVE</b>	6.3 STREET ADDRESS	<b>-06/04/97--01099--028</b>
CITY-ST-ZIP	<b>KISSIMEE FL</b>	6.4 CITY-ST-ZIP	<b>***61.25</b>

100002201931  
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OS  
5/21/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

SIGNATURE \_\_\_\_\_