

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2053 EASTBROOK BOULEVARD WINTER PARK FL 32792	Mailing Address 2053 EASTBROOK BOULEVARD WINTER PARK FL 32792
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3. Date Incorporated or Qualified 07/18/1995	
4. FEI Number 59-3368679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MARCIEU, GERARD
STREET ADDRESS	924 OASIS COURT
CITY-ST-ZIP	APOPKA FL 32714
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, MARGARET
STREET ADDRESS	6324 CANTERLEA DRIVE
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D <input type="checkbox"/> DELETE
NAME	INGS, SAMUEL B
STREET ADDRESS	100 SOUTH HUGHEY
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> DELETE
NAME	SOLOMON, MARK
STREET ADDRESS	2053 EAST BROOK BLVD
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANCOIS, MARIE J
STREET ADDRESS	2053 EASTBROOK BLVD.
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUTSKO, DON
STREET ADDRESS	20250 MAXIM PARKWAY
CITY-ST-ZIP	ORLANDO FL 32833-3831

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry K Williams
1.3 STREET ADDRESS	924-H Lake Destiny Road
1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Larry K Williams* **Larry K Williams 6-4-98(407)-836 2680**

CR2E037 (10/97)