

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90170 040 \*\*\*\*70.50

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N95000003401**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3368679	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, LARRY K 924-H LAKE DESTINY ROAD ALTAMONTE SPRINGS FL 32714				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LARRY K	1.2 NAME	
STREET ADDRESS	924-H LAKE DESTINY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARGARET	2.2 NAME	
STREET ADDRESS	6524 CANTERLEA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGS, SAMUEL B	3.2 NAME	
STREET ADDRESS	100 SOUTH HUGHEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, MARK	4.2 NAME	
STREET ADDRESS	2053 EAST BROOK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, MARIE J	5.2 NAME	
STREET ADDRESS	2053 EASTBROOK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTSKO, DON	6.2 NAME	
STREET ADDRESS	20250 MAXIM PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833-3831	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, with all other like empowered.

SIGNATURE: *M. J. Francois* MARIJE JOSE FRANCOIS 2/13/99 407-677-5247

CR2E037 (11/98)