

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003401

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.

Current Principal Place of Business:

1814 W COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1814 W COLONIAL DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3368679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, MARIE J
2542 FLETCH CT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINT, KAREN
Address: 2706 WOODBRIDGE LANE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: RAMIREZ, GABRIELA
Address: 496 S DELANEY SUITE 408
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FILS-AIME, ANTOINE
Address: 2201 KINGSLAND AVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BRIGNOLE, MYRLEINE P
Address: 5459 PEACO PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MILIEN, LUCKNER
Address: 815 S PARK AVE
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MOMBRUN, REGINALD
Address: 1814 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE-JOSE FRANCOIS

ED

04/30/2005

Electronic Signature of Signing Officer or Director

Date