

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003401

FILED
Mar 20, 2009
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: MARTIN, ANDRIEA
Address: 1816 SWEETWATER WEST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: DIAR, NATASHA
Address: 8816 VALENCIA OAKS CT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MOMBRUN, REGINALD
Address: 261 KETTERING RD.
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: FLEWELLYN, THOMAS
Address: 1754 MARKHAM GLEN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ALLEN-SIMPSON, WANDA
Address: 710 SCOOTER PT.
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: BROWN, VIRGINIA
Address: 6827 MAGNOLIA POINTE CR
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DIAL, NATASHA
Address: 8816 VALENCIA OAKS CT
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: BULLUCK, JOAN
Address: 660 BROADDOAK LOOP
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: DUNEM, GLORIA
Address: 9815 NONACREST DRIVE
City-St-Zip: ORLANDO, FL 32832

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

CEO

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date