

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003401

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

641 NORTH RIO GRANDE AVE.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

641 NORTH RIO GRANDE AVE.  
ORLANDO, FL 32805

**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  
Name: MARTIN, ANDRIEA  
Address: 1816 SWEETWATER WEST CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: DIAL, NATASHA  
Address: 8816 VALENCIA OAKS CT  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: BULLUCK, JOAN  
Address: 660 BROADDOAK LOOP  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: WASHINGTON, DELOSO ALFORD  
Address: 11448 VIA LUCERNA CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: SAMEDY, FRANCINE  
Address: 12941 COLONNADE CIRCLE.  
City-St-Zip: CLERMONT, FL 34711

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARIE-JOSE FRANCOIS

DR.

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date