

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