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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000000891

1. Corporation Name

THE WELLNESS COMMUNITY - SOUTHEAST FLORIDA, INC.

Principal Place of Business

5700 N FEDERAL HWY
BOCA RATON FL 33487
US

Mailing Address

5700 N FEDERAL HWY
BOCA RATON FL 33487
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

65-0673197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~CLARKE, CELIA R OFFRE~~
5700 N FEDERAL HWY
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Kathleen Ryan, CAE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Kathleen Ryan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/98

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE
NAME BRONSTEEN, JUDY
STREET ADDRESS 17106 RYTON LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VPD ☒ DELETE
NAME GORTZ, JANE
STREET ADDRESS 6749 GIRALDA CR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TD ☐ DELETE
NAME REINERT, JERRY
STREET ADDRESS 5631 COACH HOUSE CR, E
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PD ☐ DELETE
NAME COYNE, DEBORAH
STREET ADDRESS 8812 TWIN LAKES DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☒ DELETE
NAME DOCTER, MARCIA
STREET ADDRESS 100 WORTH AVENUE, SUITE 715
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☒ DELETE
NAME FRANK, SHEILA
STREET ADDRESS 5047 SUFFOLK DR
CITY-ST-ZIP BOCA RATON FL 33496

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Ron Grache
1.3 STREET ADDRESS 400 Australian Ave.
1.4 CITY-ST-ZIP West Palm Bch., FL 33401

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Sue Sperber
2.3 STREET ADDRESS 6708 Willow Wood Dr #1602
2.4 CITY-ST-ZIP Boca Raton, FL 33434

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Treasurer ☐ Change ☒ Addition
5.2 NAME Sam Fisher
5.3 STREET ADDRESS 150 E. Palmetto Park Rd.
5.4 CITY-ST-ZIP Boca Raton, FL 33432

6.1 TITLE ~~Wanda Thayer~~ Secretary ☐ Change ☒ Addition
6.2 NAME Wanda Thayer
6.3 STREET ADDRESS 149 NW 70th St
6.4 CITY-ST-ZIP Boca Raton, FL 33487

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: *Kathleen Ryan* **Kathleen Ryan** 1/14/98 561-912-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)