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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000004115**

1. Corporation Name

**THE WELLNESS COUNCIL OF NORTH FLORIDA, INC.**

Principal Place of Business

1833 BOULEVARD SUITE 407  
JACKSONVILLE FL 32203

Mailing Address

POST OFFICE BOX 2813  
JACKSONVILLE FL 32203



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-2946582

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

**GULICK, KAY M**  
**1833 BOULEVARD SUITE 407**  
**JACKSONVILLE FL 32203**

10. Name and Address of New Registered Agent

81 Name

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 *Kay M. Gulick* *Kay M. Gulick, Executive Director* DATE *3/16/99*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CHINOY, DAVID  
STREET ADDRESS 3900 UNIVERSITY BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE S ☐ DELETE  
NAME GLASS, SUE  
STREET ADDRESS 8384 BAYMEADOWS RD, STE 10  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE TD ☐ DELETE  
NAME WOODYARD, RON  
STREET ADDRESS 269 LINKSIDE COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE T ☐ DELETE  
NAME JACKSON, FRED  
STREET ADDRESS 1300 RIVERPLACE DR STE 408  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☐ DELETE  
NAME BUIE, JILL  
STREET ADDRESS 3627 UNIVERSITY BLVD. #720  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☒ DELETE  
NAME CREMENT, ADRIAN  
STREET ADDRESS 5911 RICHARD ST  
CITY-ST-ZIP JACKSONVILLE FL 32216

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME *D*  
1.3 STREET ADDRESS *Sallie O'Hara*  
1.4 CITY-ST-ZIP *PO Box 2417 Jacksonville, FL 32231-0083*

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME *Fred Jackson*  
4.3 STREET ADDRESS *101 Century 21 Drive Suite 210*  
4.4 CITY-ST-ZIP *Jacksonville, FL 32216*

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME *Kay M. Gulick*  
6.3 STREET ADDRESS *1833 Boulevard Suite 407*  
6.4 CITY-ST-ZIP *Jacksonville, FL 32203*

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: *Kay M. Gulick* *Kay M. Gulick*

3/16/99 904/354-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)