# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N97000004115

1. Entity Name
THE WELLNESS COUNCIL OF NORTH FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 RIVERPLACE BLVD.<br>SUITE 200<br>JACKSONVILLE, FL 32207 | 1300 RIVERPLACE BLVD.<br>SUITE 200<br>JACKSONVILLE, FL 32207 |

**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2946582
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GULICK, KAY M
781300 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kay Gulick, Executive Director Kay M. Gulick 1/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | OHARA, SALLIE |
| STREET ADDRESS | PO BOX 2417 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32231 |
| TITLE | S |
| NAME | SMITH, CLAIRE |
| STREET ADDRESS | 111 BUSCH DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 |
| TITLE | D |
| NAME | BALBONA, EDUARDO |
| STREET ADDRESS | 7818 PHILIPS HWY STE 201 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | T |
| NAME | VOGEL, BILL |
| STREET ADDRESS | 806 RIVERSIDE AVE. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | PD |
| NAME | BUIE, JILL |
| STREET ADDRESS | 1895 KINGSLEY AVE |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | D |
| NAME | GULICK, KAY M |
| STREET ADDRESS | 7818 PHILIPS HIGHWAY STE 201 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32252 |

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01/23/04-80012-024 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kay Gulick Kay M. Gulick 1/24/04 904/306/1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #