

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004115

FILED
Apr 19, 2006
Secretary of State

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

Current Principal Place of Business:

1300 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE, FL 32207

New Principal Place of Business:

149 ANASTASIA LAKES DRIVE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1300 RIVERPLACE BLVD.
SUITE 200
JACKSONVILLE, FL 32207

New Mailing Address:

149 ANASTASIA LAKES DRIVE
ST. AUGUSTINE, FL 32080

FEI Number: 59-2946582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GULICK, KAY M
149 ANASTASIA LAKES DRIVE
ST. AUGUSTINE, FL 32080 US

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: KAY M. GULICK

04/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OHARA, SALLIE
Address: PO BOX 2417
City-St-Zip: JACKSONVILLE, FL 32231

Title: S (X) Delete
Name: SMITH, CLAIRE
Address: 111 BUSCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD () Delete
Name: SHELTON, MARY LEE
Address: 723 ALHAMBRA DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Delete
Name: MARZEC, JIM
Address: 1467 COURSEVIEW DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: BUIE, JILL
Address: 1895 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: GULICK, KAY M
Address: 7818 PHILIPS HIGHWAY STE 201
City-St-Zip: JACKSONVILLE, FL 32252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LAWOTHER, TIMOTHY
Address: 900 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GULICK, KAY M
Address: 149 ANASTASIA LAKES DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAY M. GULICK

T

04/19/2006

Electronic Signature of Signing Officer or Director

Date