FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N9700006187 (5) 1. Corporation Name WHOLEHEALTH LIBRARY & RESOURCE CENTER, INC. Principal Place of Business Mailing Address						
						25402 PINE STREET POST OFFICE BOX 655 MELROSE FL 32666-0855
				4. FEI Number 59- 3476335	Applied For Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowner Yes	ers association?	
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the co		
24	25		30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur			10. Name and Address of New Registered	Agent	
			B1 Name			
ELLISON, GAIL K PH.D			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
25402 PINE STREET				(BA)		
MELRO	SE FL 32666		83			
			84 City	Fi	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617 1508. Florida Statute	s the above-named corr			
agent. I a	algorature, by led or planted name of registered	28 7 7/~~~~	rida Statutes. Rogistered Agent signature requ	poration submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose at		
TITLE	President To	SLED DELETE	1.1 TOTLE		Change Addition	
NAME	Gail K. Ellison.		1.2 NAME			
STREET ADDRESS	2135 NW 3M PL	ece.	1.3 STREET ADDRESS			
CITY-ST-ZIP	Gainesvolle A		1.4 CITY-ST-ZIP			
TITLE	Director	DELETE	2.1 TITLE		Change Addition	
NAME PAREST ADDRESS	Elaanor K. So. 2603 NW 1364	nmer #/63	2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	Gainespille PL	32609	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE	Divector	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	Marionce Ryerso	n	3.2 NAME			
STREET ADDRESS	36 Randolph A	ve	3.3 STREET ADDRESS			
CITY-S1-ZIP	Randolph VT	05060-1110	3 4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME	1		4. 2 NAME			
STREET ADDRESS	1 1		4.3 STREET ADDRESS			
CITY+ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition	
TITLE NAME] [5.1 TITLE 5.2 NAME		E Avende E veditori	
STREET ADDRESS	1 1		5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. Thereby	certify that the information supplied	with this filing does not qualify for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information	

Thereby carry making mornance supplied with this ming does not quality for the exemption stated in Section 119.07(5)(i), righted Statutes. Further certify that the informatic 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 of 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.

SIGNATURE:

29 April 1998 352.378-645

FILED

Jun 25 1998 8:00am

Secretary of State