

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004789

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE AMERICAN WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

3204 57TH TERR.
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3204 57TH TERR.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3538661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DAVID E
3204 57TH TERR.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: FOWLER, DAVID E
Address: 3204 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FOWLER, SUSAN L
Address: 3204 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: NEIMS, ALLEN H DR.
Address: 8519 NW 4TH PL
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID E FOWLER

ED

04/29/2007

Electronic Signature of Signing Officer or Director

Date