

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007286

FILED  
Feb 15, 2007  
Secretary of State

Entity Name: WHOLISTIC LIFE CENTER, INC.

**Current Principal Place of Business:**

240 NORTH IVEY LANE  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 617199  
ORLANDO, FL 32861

**New Mailing Address:**

FEI Number: 59-3544995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORGAN, DR. VICTOR TH.D  
240 NORTH IVEY LANE  
ORLANDO, FL 32811 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: PD ( ) Delete  
Name: MORGAN, DR. VICTOR TH.D.  
Address: 8344 ROSE GROVES ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: DV ( ) Delete  
Name: MORGAN, LAKISHA B.S.  
Address: 4603 HAZELGROVE DR  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: ROBINSON, CORRY B.S.  
Address: 250 NORTH IVEY LN.  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: ROBINSON, CORRY B.S.  
Address: 4603 HAZELGROVE DR.  
City-St-Zip: ORLANDO, FL 32818

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: VICTOR MORGAN

PD

02/15/2007

Electronic Signature of Signing Officer or Director

Date