

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2010
Secretary of State

Entity Name: DOROTHY PORTER WESLEY RESEARCH CENTER, INC.

Current Principal Place of Business:

401 E. LAS OLAS BLVD, SUITE 130-346
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 E. LAS OLAS BLVD, SUITE 130-346
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0936845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UZELAC, CONI PORTER
401 EAST LAS OLAS BLVD. STE 130-346
FORT LAUDERDALE, FL 333011529 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
Name: UZELAC, CONI PORTER
Address: 401 EAST LAS OLAS BLVD. STE 130-346
City-St-Zip: FORT LAUDERDALE, FL 333011529

Title: SD
Name: ROBINSON, FLETCHER MD
Address: P.O. BOX 11366
City-St-Zip: ST. THOMAS, VI 00801

Title: VD
Name: KEMPFF, DAWN
Address: 1511 E COMMERCIAL STE 88
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: TD
Name: MCCORMICK, NUCCIA
Address: 11 HARBOR ISLES
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ED
Name: MILAN UZELAC, EXECUTIVE DIRECTOR
Address: 401 E. LAS OLAS BLVD STE 130-346
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: CONI UZELAC

PD

02/12/2010

Electronic Signature of Signing Officer or Director

Date