

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
 04-14-2001 90026 029 ***158.75

0630072

DOCUMENT # P94000031816

1. Entity Name

COMMUNITY WELLNESS CENTER, INC.

Principal Place of Business

555 W MAIN ST
 BARTOW FL 33830

Mailing Address

P O BOX 31
 BARTOW FL 33830

2. Principal Place of Business

13 West Broadway

3. Mailing Address

P.O. Box 853

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Meade, FL

City & State

Fort Meade, FL

4. FEI Number

59-3236475

Applied For

Not Applicable

Zip

33841

Country

Zip

33841

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, C R
 555 W MAIN ST
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name **Charles Kennedy**
 Street Address (P.O. Box Number is Not Acceptable)
13 West Broadway
 City **Fort Meade** **FL** Zip Code **33841**

8. 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

Charles R. Kennedy **Charles R. Kennedy, Pres** **4/10/01**

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KENNEDY, CHARLES	
STREET ADDRESS	555 W. MAIN STREET	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13 West Broadway
CITY-ST-ZIP	Fort Meade, FL 33841-0853
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Charles R. Kennedy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Kennedy **4/10/01** **863-285-2322**

Date

Daytime Phone #

CR2E034 (10/00)