

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90135 013 ***150.00

DOCUMENT # P98000096264

1. Corporation Name

FAITH HEALTH & WELLNESS CENTER, INC.

Principal Place of Business

3918 E HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address

3918 E HILLSBOROUGH AVE.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1998

4. FEI Number

59-3526687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DUNN, GLENDA

~~3918 E HILLSBOROUGH AVE.~~ 6016 N 40th St, Suite A
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME BOLDEN, WILHE
STREET ADDRESS 3918 E HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE SD ☐ DELETE

NAME DUNN, GLENDA
STREET ADDRESS 3918 E HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE TD ☐ DELETE

NAME LATORTUE, ROSEMARY T
STREET ADDRESS 3918 E HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE VD ☐ DELETE

NAME WATSON, PATRICK G
STREET ADDRESS 3918 E HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE VD ☒ DELETE

NAME BOLDEN, GLENDA
STREET ADDRESS 3918 E HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick G. Watson President 1-20-99 (813) 222-4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0389480