

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N06000005296

Entity Name: WELLNESS INTERFAITH NETWORK, INC.

Current Principal Place of Business:

91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Mailing Address:

P O BOX 1578
KEY LARGO, FL 33036

FEI Number: 56-2583347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FEESER, REV DR PAMELA
34 PIRATES DRIVE
KEY LARGO, FL 33037 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: REV. DR. PAMELA FEESER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUSTAFSON, JAMES REV.
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: CUNNINGHAM, MICHAEL
Address: AHEC, 9713 OH
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: PREMAZA, DEBBIE
Address: 99198 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: SCHNIEDER, MO
Address: 734 LARGO RD
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: SZUREK, MARK DR.
Address: P.O. BOX 4966
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: KWALICK, TERESA
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

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:

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

Title: () Change () Addition
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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: TERESA KWALICK

D

05/20/2009

Electronic Signature of Signing Officer or Director

Date