

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002637

**Entity Name:** THE FOUNDATION FOR WELLNESS PROFESSIONALS, INC.

**Current Principal Place of Business:**

300 S. DUNCAN AVE.  
#263  
CLEARWATER, FL 33755

**Current Mailing Address:**

300 S. DUNCAN AVE.  
#263  
CLEARWATER, FL 33755 US

**FEI Number:** 04-3749724

**Certificate of Status Desired:** No

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

SINGER, DAVID  
300 S. DUNCAN AVE.  
#263  
CLEARWATER, FL 33755 US

*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

**Officer/Director Detail :**

Title P  
Name SINGER, DAVID  
Address 2775 NW 49TH AVE  
SUITE 205-361  
City-State-Zip: OCALA FL 34482

Title D  
Name SINGER, DAVID  
Address 2775 NW 49TH AVE  
SUITE 205-361  
City-State-Zip: OCALA FL 34482

Title V  
Name SINGER, DAVID  
Address 2775 NW 49TH AVE.  
SUITE 205-361  
City-State-Zip: OCALA FL 34482

Title D  
Name SINGER, DAVID  
Address 2775 NW 49TH AVE.  
SUITE 205-361  
City-State-Zip: OCALA FL 34482

Title S  
Name SINGER, DAVID  
Address 2775 NW 49TH AVE.  
SUITE 205-361  
City-State-Zip: OCALA FL 34482

*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:** DAVID SINGER

**PRES**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date