

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002637

Entity Name: THE FOUNDATION FOR WELLNESS PROFESSIONALS, INC.**Current Principal Place of Business:**1231 S. MYRTLE AVE.
CLEARWATER, FL 33756**Current Mailing Address:**1231 S. MYRTLE AVE.
CLEARWATER, FL 33756 US**FEI Number:** 04-3749724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SINGER, DAVID
1231 S. MYRTLE AVE.
CLEARWATER, FL 33756 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

PRESIDENT

01/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date