2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2015
Secretary of State
CC1685379470

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Entity Name: BRIDGES OF WELLNESS, INC.

Current Principal Place of Business:

1881 N E 26TH ST
SUITE 244
FT. LAUDERDALE, FL 33305

Current Mailing Address:

P.O. BOX 7257
FT. LAUDERDALE, FL 33338

FEI Number: 80-0294493

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GEDDES, CHARLES D
1881 N E 26TH ST
SUITE 244
FORT LAUDERDALE, FL 33305 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	D
Name	GEDDES, CHARLES D
Address	1881 N E 26TH ST SUITE 244
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	DIRECTOR
Name	MOORE, JOHN
Address	1881 N E 26TH ST SUITE 244
City-State-Zip:	FT. LAUDERDALE FL 33305

Title	DIRECTOR
Name	DELEON, JOHN
Address	1881 N E 26TH ST SUITE 244
City-State-Zip:	FT. LAUDERDALE FL 33305

Title	TREASURER
Name	HASSEL, ROSETTA
Address	5500 N W 51ST AVE
City-State-Zip:	COCONUT CREEK FL 33073

Title	VP
Name	MILLER, EDWARD
Address	3020 N W 33RD AVE
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	SECRETARY
Name	VAN DAM, MARY JO
Address	3600 GALT OCEAN DR 3A
City-State-Zip:	WILTON MANORS FL 33308

Title	DIRECTOR
Name	BARNARD, KENT A REV.
Address	2713 N E 15TH ST. 6
City-State-Zip:	FT. LAUDERDALE FL 33304

Title	DIRECTOR
Name	MANNER, CYNTHIA
Address	PO BOX 5073
City-State-Zip:	LIGHTHOUSE POINT FL 33074

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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: CHARLES D GEDDES FOUNDER/PRESIDENT 04/24/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ELLIOTT, STEVE
Address	1881 N E 26TH ST SUITE 244
City-State-Zip:	FT. LAUDERDALE FL 33305