

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010598

Entity Name: AT THE WELLNESS NETWORK, INC.

Current Principal Place of Business:

5210 NW 50TH TERRACE
GAINESVILLE, FL 32606

Current Mailing Address:

5210 NW 50TH TERRACE
GAINESVILLE, FL 32606 US

FEI Number: 81-4358355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOONS, PAMELA D
5210 NW 50TH TERRACE
GAINESVILLE, FL 32606 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 DP
Name KOONS, PAMELA D
Address 5210 NW 50TH TERRACE
City-State-Zip: GAINESVILLE FL 32606

Title VP
Name KOONS, SCOTT R
Address 5210 NW 50TH TERRACE
City-State-Zip: GAINESVILLE FL 32606

Title D
Name WEBB, TRACII
Address 8464 KAMIN LANE
City-State-Zip: MEMPHIS TN 38125

Title D
Name THARPE, ANGELA
Address 1929 NW 12TH TERRACE
City-State-Zip: GAINESVILLE FL 32609

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: PAMELA D. KOONS

PRESIDENT

04/04/2021

Electronic Signature of Signing Officer/Director Detail

Date