2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006390

Entity Name: JUANITA M SMALLEY CENTER FOR WHOLENESS AND

WELLNESS, INC.

Current Principal Place of Business:

1610 GRIFFIN RD. LEESBURG, FL 34788

Current Mailing Address:

1610 GRIFFIN RD.

LEESBURG, FL 34788 US

FEI Number: 82-2050250 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HINES, DONALD 34318 RADIO RD. LEESBURG, FL 34788 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

FILED Apr 24, 2018

Secretary of State

CC1057878106

Officer/Director Detail:

Title D Title SECRETARY

Name ALLEN-NASH, MELISSA Name SANCHEZ, AL-FREIDA

Address 2475 NORTHUMBRIA DR. Address 911 CLARK AVE.

City-State-Zip: SANFORD FL 32771 City-State-Zip: COLEMAN FL 33521

Title TREASURER Title D

NameWRIGHT, ERICANameHINES, DONALDAddress3122 SPICER AVE.Address34318 RADIO RD.

City-State-Zip: GRAND ISLAND FL 32735 City-State-Zip: LEESBURG FL 34788

Title D Title D

NameSMALLEY, SHEILA YNameSISTRUNK, JANICE OLIVIAAddress310 CRESTRUN LOOPAddress9835 VARIETY TREE RD.City-State-Zip:LEESBURG FL 34748City-State-Zip:LEESBURG FL 34788

Title PRESIDENT Title DIRECTOR

Name POPOOLA, TAYO ESQ. Name SNEED, DERRICK

Address 3621 GUINEVERE TRACE Address 2237 SOUTHLAND ROAD
City-State-Zip: DOUGLASVILLE GA 30135 City-State-Zip: MT. DORA FL 32735

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: AL-FREIDA SANCHEZ

SECRETARY

04/24/2018