

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006390

Entity Name: JUANITA M SMALLEY CENTER FOR WHOLENESS AND WELLNESS, INC.

FILED
Apr 18, 2020
Secretary of State
9062468860CC

Current Principal Place of Business:

1610 GRIFFIN RD.
LEESBURG, FL 34748

Current Mailing Address:

1610 GRIFFIN RD.
LEESBURG, FL 34748 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

Officer/Director Detail :

Title SECRETARY
Name SANCHEZ, AL-FREIDA
Address 911 CLARK AVE.
City-State-Zip: COLEMAN FL 33521

Title D
Name HINES, DONALD
Address 34318 RADIO RD.
City-State-Zip: LEESBURG FL 34788

Title PRESIDENT
Name SMALLEY, SHELIA Y
Address 310 CRESTRUN LOOP
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name SNEED, DERRICK
Address 2237 SOUTHLAND ROAD
City-State-Zip: MT. DORA FL 32735

Title D
Name TEARTT, LINDA
Address 821 GROSS AVE.
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name BONNICK, TRACIE
Address 26820 WHITE PLAINS WAY
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name HONER, FRANCHETTA
Address 2444 SOUTH AVENUE
City-State-Zip: LEESBURG FL 34748

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

04/18/2020

Electronic Signature of Signing Officer/Director Detail

Date