

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005383

**Entity Name:** WELLNESS ENERGY INSTITUTE, INC.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD., SUITE 261  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD., SUITE 261  
BONITA SPRINGS, FL 34134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN & GRIGSBY, P.C.  
9110 STRADA PLACE, MERCATE - SUITE 6200  
NAPLES, FL 34108 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:** REBECA F. LINZ, ESQ.

04/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SDTP  
Name SPISKA, LENKA  
Address 27499 RIVERVIEW CENTER BLVD.,  
SUITE 261  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIR  
Name RAGONESI, FRANK  
Address 21430 PELICAN CENTER BLVD.,  
SUITE #102  
City-State-Zip: ESTERO FL 33928

Title DIR  
Name TENEYCK, CYNTHIA  
Address 3005 WHISPERWOOD DRIVE #285  
#285  
City-State-Zip: ANN ARBOR MI 48105

*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:** LENKA SPISKA

SDTP

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date