

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002523

**Entity Name:** JOY MOWETT HEALTH & WELLNESS FOUNDATION INC

**Current Principal Place of Business:**

6234 S. CONGRESS AVE SUITE F-1  
LANTANA, FL 33462

**Current Mailing Address:**

6234 S. CONGRESS AVE SUITE F-1  
LANTANA, FL 33462 US

**FEI Number: 83-4029001**

**Certificate of Status Desired: No**

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

FULLER, JOY  
6234 S. CONGRESS AVE SUITE F-1  
LANTANA, FL 33462 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 FULLER, JOY  
Address 6234 S. CONGRESS AVE SUITE F-1  
City-State-Zip: LANTANA FL 33462

Title OFFICER  
Name LOZADA, NIVEA E.  
Address 503 HICKORY VIEW LN.  
City-State-Zip: APEX NC 27502

Title OFFICER  
Name ELLISON, BALFORD  
Address 502 W DREW ST  
City-State-Zip: LANTANA FL 33462-4534

*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: JOY FULLER**

**DIRECTOR**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date