

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006878

Entity Name: CIRCLE OF WELLNESS & COMMUNITY FOUNDATION CORP

Current Principal Place of Business:

6881 KINGSPONTE PARKWAY
17B
ORLANDO, FL 32819

Current Mailing Address:

6881 KINGSPONTE PARKWAY
17B
ORLANDO, FL 32819

FEI Number: 85-1617845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, MICHELLE L
6881 KINGSPONTE PARKWAY
17B
ORLANDO, FL 32819 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: MICHELLE BROWN

01/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BROWN, MICHELLE L
Address 6881 KINGSPONTE PKWY STE 17B
City-State-Zip: ORLANDO FL 32819

Title VP
Name GONZALEZ, YVONA
Address 6881 KINGSPONTE PKWY STE 17B
City-State-Zip: ORLANDO FL 32819

Title T
Name TOMASSINI, YVETTE
Address 6881 KINGSPONTE PKWY STE 17C
City-State-Zip: ORLANDO FL 32819

Title AT
Name ALMEDA, LISA
Address 6881 KINGSPONTE PKWY STE 17B
City-State-Zip: ORLANDO FL 32819

Title S
Name KILGORE, RUSSELL
Address 6881 KINGSPONTE PKWY STE 17C
City-State-Zip: ORLANDO FL 32819

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: MICHELLE BROWN

PRESIDENT

01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date