

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003401

**Entity Name:** THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.**Current Principal Place of Business:**641 NORTH RIO GRANDE AVE.  
ORLANDO, FL 32805**Current Mailing Address:**641 NORTH RIO GRANDE AVE.  
ORLANDO, FL 32805**FEI Number: 59-3368679****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRANCOIS, MARIE J  
2542 FLETCH CT  
LAKE MARY, FL 32746 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 BOARD CHAIR  
Name MICHAEL, DEY  
Address 521 VENTRIS COURT  
City-State-Zip: MAITLAND FL 32751Title PRESIDENT/CEO  
Name FRANCOIS, MARIE J DR.  
Address 641 NORTH RIO GRANDE AVE.  
City-State-Zip: ORLANDO FL 32805Title SECRETARY  
Name AUGUSTIN, VANETTE  
Address 7160 GATES HEAD CIRCLE  
City-State-Zip: ORLANDO FL 32822Title TREASURER  
Name JETT, SWANNIE PHD  
Address 600 PALERMO VISTA CT  
City-State-Zip: LONGWOOD FL 32750Title VICE CHAIR  
Name HOOVER, SUSAN S  
Address 301 CLIFFWOOD CT  
City-State-Zip: MAITLAND FL 32751

*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: MARIE-JOSE FRANCOIS****PRESIDENT/CEO****01/29/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date