2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2025
Secretary of State
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Entity Name: THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.

Current Principal Place of Business:

1685 LEE RD STE 200
WINTER PARK, FL 32789-2235

Current Mailing Address:

1685 LEE ROAD, SUITE 200
WINTER PARK, FL 32789 US

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	SECR
Name	DESROSIERS, EVA
Address	13250 SUNKISS LOOP
City-State-Zip:	WINDERMERE FL 34786

Title	PRES
Name	FRANCOIS, MARIE
Address	1685 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	DIRE
Name	FILIAU, ALAINA
Address	919 MASSACHUSETTS AVE
City-State-Zip:	LUNENBURG MA 01462

Title	DIRE
Name	PINEDO-ROLON, GIORGINA
Address	10524 MOSS PARK RD.
City-State-Zip:	ORLANDO FL 32832

Title	CHAI
Name	JETT, SWANNIE
Address	600 PALERMO VISTA CT
City-State-Zip:	LONGWOOD FL 32750

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 JDR. FRANCOIS PRESIDENT/CEO 04/17/2025

Electronic Signature of Signing Officer/Director Detail — Date