

2021 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****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date