

2014 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: Yes****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	D
Name	MARTIN, ANDRIA
Address	1816 SWEETWATER WEST CIRCLE
City-State-Zip:	APOPKA FL 32712

Title	D
Name	DIAL, NATASHA
Address	8816 VALENCIA OAKS CT
City-State-Zip:	ORLANDO FL 32825

Title	D
Name	WASHINGTON, DELOSO ALFORD
Address	11448 VIA LUCERNA CIRCLE
City-State-Zip:	WINDERMERE FL 34786

Title	D
Name	SAMEDY, FRANCINE
Address	12941 COLONNADE CIRCLE.
City-State-Zip:	CLERMONT FL 34711

Title	TREASURER
Name	SLAFF, JILL
Address	3113 CRANES COVE LOOP
City-State-Zip:	KISSIMMEE FL 34741

Title	PRESIDENT/CEO
Name	FRANCOIS, MARIE J DR.
Address	641 NORTH RIO GRANDE AVE.
City-State-Zip:	ORLANDO FL 32805

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****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date