

2018 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 32751

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

Title	SECRETARY
Name	RANDOLPH, DWIGHT
Address	6617 AMBASSADOR DRIVE
City-State-Zip:	ORLANDO FL 32818

Title	DIRECTOR
Name	RAMIREZ, GABRIELA PHD
Address	4384 ANSON LANE
City-State-Zip:	ORLANDO FL 32814

Title	TREASURER
Name	JETT, SWANNIE PHD
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-JOSE FRANCOIS**PRESIDENT/CEO****04/20/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date