



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2024 ANNUAL REPORT

Registry Number: 157938896

Date of Incorporation: 7/24/2019

Fee: \$50

Due Date: 7/24/2024

Type: DOMESTIC NONPROFIT CORPORATION

FILED: JUL 9, 2024
OREGON SECRETARY OF STATE



157938896-26449294

COMMUNITY WELLNESS...

RENANA

COMMUNITY WELLNESS COLLECTIVE
901 N BRUTSCHER ST STE 209
NEWBERG OR 97132

Name of Domestic Nonprofit Corporation

COMMUNITY WELLNESS COLLECTIVE

Jurisdiction: OREGON

Non-Profit Type: PUBLIC BENEFIT

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

ELISE YARNELL MARYL KUNKEL
901 N BRUTSCHER ST STE 209
NEWBERG, OR 97132

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business NONPROFIT DISTRIBUTING SOCIAL RESOURCE INFORMATION ABOUT MENTAL WELLNESS

2) Principal Place of Business (Address,city,state,zip)

901 N BRUTSCHER ST STE 209
NEWBERG, OR 97132

3) Mailing Address (Address,city,state,zip)

901 N BRUTSCHER ST STE 209
NEWBERG, OR 97132

4) President (Name & Address)

KRISTENT STOLLER
18707 NE DEER HAVEN DR
NEWBERG, OR 97132
ELISE Yarnell
901 N. BRUTSCHER ST.
STE 209
Newberg, OR 97132

5) Secretary (Name & Address)

ELISE YARNELL
901 N BRUTSCHER ST STE 209
NEWBERG, OR 97132

KRISTENT. STOLLER
18707 NE DEER
HAVEN DR
Newberg, OR 97132

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature

7) Printed Name

Maryl Kunkel

8) Date

6/20/24

9) Phone Number

971 385-1815

Make check payable to "Corporation Division" and mail completed form with payment to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.