

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003043

FILED  
Aug 19, 2007  
Secretary of State

Entity Name: THE NATIONAL INSTITUTE FOR HEALTHFUL LIVING, INC.

**Current Principal Place of Business:**

2301 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13681  
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

FEI Number: 20-0026200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIES, JEAN M  
PO BOX 13681  
ST. PETERSBURG, FL 33733 US

**Name and Address of New Registered Agent:**

DAVIES, JEAN M  
2301 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712 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

08/19/2007

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: DAVIES, JOI B  
Address: PO BOX 531771  
City-St-Zip: ST. PETERSBURG, FL 33747 US

Title: D ( ) Delete  
Name: DAVIES, MARVIN  
Address: 2301 22ND STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DP ( ) Delete  
Name: DAVIES, JEAN M  
Address: PO BOX 13681  
City-St-Zip: ST. PETERSBURG, FL 33733

Title: D ( ) Delete  
Name: ANDERSON, ROBYN C  
Address: 3525 DEVON CHASE ROAD  
City-St-Zip: ATLANTA, GA 30349

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOI B. DAVIES

Electronic Signature of Signing Officer or Director

DV

08/19/2007

Date