

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003043

FILED  
May 01, 2010  
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 531771  
ST. PETERSBURG, FL 33747 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  
2301 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712 US

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: JOI B. DAVIES

DV

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date