

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010764

FILED  
May 22, 2011  
Secretary of State

**Entity Name:** HEALTHY LIFESTYLE-LONGER LIFE, INC.

**Current Principal Place of Business:**

8901 NW 24TH PLACE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8901 NW 24TH PLACE  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 26-4651888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIDA ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC.  
7480 FAIRWAY DRIVE, SUITE 206  
MIAMI LAKES, FL 33014 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: P  
Name: CLAYTON-WRIGHT, ARDITH  
Address: 8901 NW 24TH PLACE  
City-St-Zip: SUNRISE, FL 33322

Title: S  
Name: FLYNN, MARY  
Address: 8508 NW 77 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: T  
Name: ROOFE, EVERARD  
Address: 3350 IVY WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: D  
Name: GOMEZ, JUDITH  
Address: 5201 SW 196 LANE  
City-St-Zip: FORT LAUDERDALE, FL 33331

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: CLAYTON-WRIGHT, ARDITH

PRES

05/22/2011

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

\_\_\_\_\_  
Date