

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003043

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

Current Principal Place of Business:

2301 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Current Mailing Address:

PO BOX 531771
ST. PETERSBURG, FL 33747 US

FEI Number: 20-0026200

Certificate of Status Desired: No

Name and Address of Current 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

Date

Officer/Director Detail :

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

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

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

Title D
Name ANDERSON, ROBYN C
Address 3525 DEVON CHASE ROAD
City-State-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

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date