

**2018 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:** JEAN M. DAVIES

03/05/2018

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

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date