

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010764

Entity Name: HEALTHY LIFESTYLE-LONGER LIFE, INC.

Current Principal Place of Business:

8901 NW 24TH PLACE
SUNRISE, FL 33322

Current Mailing Address:

8901 NW 24TH PLACE
SUNRISE, FL 33322

FEI Number: 26-4651888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

Title D
Name GOMEZ, JUDITH
Address 5201 SW 196 LANE
City-State-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: ARDITH CLAYTON-WRIGHT

OFFICER/DIRECTOR

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date