

**2017 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**

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date