

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010663

**Entity Name:** HEALTHY TEENS, INC

**Current Principal Place of Business:**

1023 MANATEE AVE W, SUITE 306  
BRADENTON, FL 34205

**Current Mailing Address:**

1023 MANATEE AVE W, SUITE306  
BRADENTON, FL 34205 US

**FEI Number:** 45-0990646

**Certificate of Status Desired:** Yes

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

EVANS, JONATHAN  
1023 MANATEE AVE W, SUITE306  
BRADENTON, FL 34205 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            CHR.  
Name            LEGLER, MARY ANN  
Address        120 40TH STREET COURT  
                  NORTHWEST  
City-State-Zip: BRADENTON FL 34209

Title            S  
Name            LIEBERT, MATTHEW  
Address        7803 16TH AVE NW  
City-State-Zip: BRADENTON FL 34209

Title            T  
Name            GRECO, PATRICK  
Address        7305 17TH AVE NW  
City-State-Zip: BRADENTON FL 34209

Title            VC  
Name            ALGOZZINE, MARGARET  
Address        1407 82 ST NW  
City-State-Zip: BRADENTON FL 34209

*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:** MARY ANN LEGLER

**BOARD CHAIR**

**04/27/2023**

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

\_\_\_\_\_  
Date