

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003084

**Entity Name:** HEALTHY CHILDREN PROJECT, INC.**Current Principal Place of Business:**327 QUAKER MEETING HOUSE RD  
E SANDWICH, MA 02537**Current Mailing Address:**327 QUAKER MEETING HOUSE RD  
E SANDWICH, MA 02537 US**FEI Number:** 04-3201637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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	C	Title	VC
Name	CADWELL, KARIN	Name	TURNER-MAFFEI, CYNTHIA
Address	6 SPRINGTIDE LN	Address	63 NATAL ABE
City-State-Zip:	HARWICH MA 02645	City-State-Zip:	E FALMOUTH MA 02536
Title	D	Title	D
Name	BRIMDYR, KAJSA	Name	BLAIR, ANNA
Address	116 TELEGRAPH RD	Address	6 SPRINGTIDE LN
City-State-Zip:	DENNISPORT MA 02639	City-State-Zip:	HARWICH MA 02645

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:** KARIN CADWELL

NURSE MANAGER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date