2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # 763147** 1. Entity Name 04-14-2004 90053 029 ****61.25 HEALTH WORLD, INC. Principal Place of Business Mailing Address 1245 LAS BRISAS DRIVE 1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32129 DAYTONA BEACH FL 32129 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-2870254 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERING, FREDERICK W Street Address (P.O. Box Number is Not Acceptable) 1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32129 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change VIOLA, LORETTA NAME 2316 LA ROSA LANE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32129 CITY-ST-ZIP CITY - ST-ZIP PD ☐ Addition Change TITLE Delete TITLE HERING, FREDERICK W DR NAME NAME 1245 LAS BRISAS DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32129 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete HERING, FREDERICK W 9420 BRACKIN ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY - ST-7IP CITY-ST-ZIP STD ☐ Delete TITLE ☐ Addition TITLE HERING, SUSAN E NAME NAME 1245 LAS BRISAS DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32129 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE HOPKINS, DR HOMER P NAME NAME 190 LAKE CHATEAU DRIVE STREET ADDRESS STREET ADDRESS HEMITAGE TN CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE BRISOLARA, ASHTON NAME NAME 4013 CLEARY AVE STREET ADDRESS STREET ADDRESS METAIRIE LA CITY - ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

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of the corporation or the receiver or trustee empowered to execute this report of the changed, or on an attachment with an address, with all other like empowered. w. HERING MAR 30, 2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR