

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90005 033 ****61.25

DOCUMENT # 763147

1. Entity Name

HEALTH WORLD, INC.



Principal Place of Business

1245 LAS BRISAS DRIVE
DAYTONA BEACH FL 32129
US

Mailing Address

1245 LAS BRISAS DRIVE
DAYTONA BEACH FL 32129
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2870254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERING, FREDERICK W
1245 LAS BRISAS DRIVE
DAYTONA BEACH FL 32129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HERING, ELIZABETH G
STREET ADDRESS 312 STREAMVIEW WAY
CITY-STATE-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE PD ☐ Delete
NAME HERING, FREDERICK W DR
STREET ADDRESS 1245 LAS BRISAS DR
CITY-STATE-ZIP DAYTONA BEACH FL 32129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME HERING, FREDERICK W JR. MPA
STREET ADDRESS 312 STREAMVIEW WAY
CITY-STATE-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE STD ☐ Delete
NAME HERING, SUSAN E MPH
STREET ADDRESS 1245 LAS BRISAS DR
CITY-STATE-ZIP DAYTONA BEACH FL 32129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME HOPKINS, HOMER P PHD
STREET ADDRESS 2716 FLEET DRIVE
CITY-STATE-ZIP HERMITAGE TN 37076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME BRISOLARA, ASHTON
STREET ADDRESS 505 LAUREL LEAF LANE
CITY-STATE-ZIP COVINGTON LA 70433-7202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick W. Hering FREDERICK W. HERING April 18, 2008 (386) 304-3091