

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763147

FILED
Mar 05, 2011
Secretary of State

Entity Name: HEALTH WORLD, INC.

Current Principal Place of Business:

1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2870254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERING, FREDERICK W
1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: HERING, ELIZABETH G BA
Address: 312 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD
Name: HERING, FREDERICK W DR
Address: 1245 LAS BRISAS DR
City-St-Zip: PORT ORANGE, FL 32129

Title: VD
Name: HERING, FREDERICK W JR. MPA
Address: 312 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD
Name: HERING, SUSAN E MPH
Address: 1245 LAS BRISAS DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: HOPKINS, HOMER P PHD
Address: 2716 FLEET DRIVE
City-St-Zip: HERMITAGE, TN 37076

Title: D
Name: BRISOLARA, ASHTON M.ED
Address: 505 LAUREL LEAF LANE
City-St-Zip: COVINGTON, LA 704337202

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: FREDERICK W. HERING, DR

PRES

03/05/2011

Electronic Signature of Signing Officer or Director

Date