

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90762 048 ****70.00

DOCUMENT # N00000008523

1. Entity Name

Healthy Choice Ministries, Inc.



DO NOT WRITE IN THIS SPACE

14017803

2. Principal Place of Business

3502 Edison Ave

3. Mailing Address

3502 Edison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

651164486

Applied For

Not Applicable

Zip

33914

Country

Lee

Zip

33914

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RANDOLPH MICHAEL D ESQ

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

11619 JACKSON ST

City

Fort Myers

FL

Zip Code

33904

DO NOT WRITE
IN THIS SPACE

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

Tanya Johnson Director

4/30/04

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	VANBIBBER LYNDIA = DP	P.O. Box 6216	Fort Myers FL 33911
	SHANKS MAXINE = DV	3518 Edison Ave	Fort Myers FL 33914
	JOHNSON TANYA = D	1761 Fowler St Apt 2	Fort Myers FL 33914
	BURKES FRICIA = DS	1938 Lillie St	Fort Myers FL 33914
	PRICHODA ROBIN = DT	612 SE 30th	Cape Coral FL 33904
	FORTIUS DUCIANA = MD	3506 Edison Ave	Fort Myers FL 33914

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tanya Johnson Director

4/30/04

Cell 634-1560
239-334-4335

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

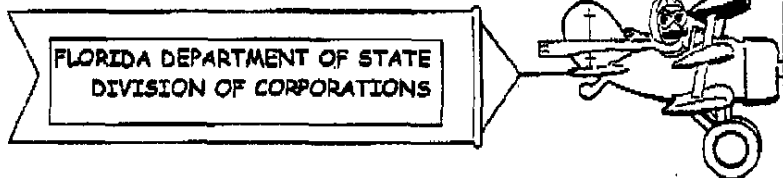
Daytime Phone

CR2E0378 (12/02)

Attachment

14017803

100000008623

**FAX COVER SHEET**

DELIVER TO:

Tanya

FAX #

(239) 338-2618

FIRM:

FROM:

Patricia

FAX #: (850) 245-6015

PHONE (850)

DATE:

4/30/4

TIME:

OF PAGES

*2***NOTES:**

*I tried very hard to do this
by internet for over two wk, Techmail
support unable to reach, thank you Patricia
so much for your asst. Tanya Johnson.
and taking this form to me.*

FISCAL OFFICE PO BOX 6327 TALLA., FL 32314