04/30/2004 14:35 850-245-6015 DOS/SUPPORT

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

14017803

1. Entity Name
Healthy Choice Ministries, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3502 Edison Ave	3502 Edison Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Fort myers FL	City & State: Fort myers FL	4. FEI Number: 65-1164486 ☐ Applied For ☐ Not Applicable
Zip: 33916 Country: Lee	Zip: 33916 Country: Lee	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RANDOLPH michael D ESQ

Street Address (P.O. Box Number is Not Acceptable):
1619 JACKSON St

City: Fort myers FL Zip Code: 3390

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VANBIBBER LYNDA = DP P.O Box 6216 Fort myers FL 33911
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHANKS MAXINE = DV 3518 Edison Ave Fort myers FL 33916
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHNSON TANYA = D 1761 Fowler St Apt 2 Fort myers FL 33916
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BURKES TRICIA = DS 1938 Lillie St Fort myers FL 33916
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRITHODA ROBIN = DT 612 SE 30th Cape coral FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FORTILUS DUCLONA = MD 3506 Edison Ave Fort myers FL 33916

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 239-334-4335 Daytime Phone #

Attachment

14017803

#N00000080823

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FAX COVER SHEET

DELIVER TO: Tonya

FAX #(239) 338-2618 FIRM:

FROM: Patricia

FAX #: (850) 245-6015 PHONE (850)

DATE: 4/30/4 TIME: # OF PAGES 2

NOTES:

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