2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State
08-29-2007 90001 003 ****61.25

DOCUMENT # N00000008523

1. Entity Name
HEALTHY CHOICE MINISTRIES, INC.

Principal Place of Business	Mailing Address
3502 EDISON AVE FT MYERS, FL 33916	3502 EDISON AVE FT MYERS, FL 33916

03252007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 65-1104486 ☐ 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
RANDOLPH, MICHAEL D ESQ. 1619 JACKSON ST FT MYERS, FL 33901	Name Michael D Randolph Street Address (P.O. Box Number is Not Acceptable) 2235 First Street City Fort Myers FL Zip Code 33901

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 _____ 3/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VANBIBBER, LYNDA P.O.BOX 6216 FT MYERS, FL 339116216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BANKS, ANTHONY 3518 EDSION AVE FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BOARD MASTER~~ ERASED	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, TONYA 1761 FOWLER ST APT 2 FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BURKES, TRICIA 1938 LILLIE ST FT MYERS, FL 33916	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Hilleary Taylor 4231 Dekalb Ave Fort Myers 33905	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT QUARTEY, TAMIKA 2235 NW 1ST AVE CAPE CORAL, FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD DUCLUNA, FORTILUS 3508 EDISON AVE FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 3/22/07 239-634-1560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #