

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008523

FILED
Aug 31, 2009
Secretary of State

Entity Name: HEALTHY CHOICE MINISTRIES, INC.

Current Principal Place of Business:

3502 EDISON AVE
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3502 EDISON AVE
FT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-1104486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RANDOLPH, MICHAEL D ESQ.
2235 FIRST STREET
FT MYERS, FL 33901 US

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: DP () Delete
Name: VANBIBBER, LYNDIA
Address: P.O.BOX 6216
City-St-Zip: FT MYERS, FL 339116216

Title: DV () Delete
Name: BILLINGHAM, CYNTHIA
Address: 8113 BRETON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: JOHNSON, TONYA
Address: 1761 FOWLER ST APT 2
City-St-Zip: FORT MYERS, FL 33916

Title: DS () Delete
Name: TAYLOR, HILLEARY
Address: 4231 DE
City-St-Zip: FORT MYERS, FL 33905

Title: DT () Delete
Name: QUARTEY, TAMIKA
Address: 2235 NW 1ST AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: MD () Delete
Name: DUCLUNA, FORTILUS
Address: 3506 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TANYA DUCLONA

MS

08/31/2009

Electronic Signature of Signing Officer or Director

Date