

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002161

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** HEALTHY LIVING INFORMATION AND REFERRAL NETWORK, INCORPORATED

**Current Principal Place of Business:**

2012 HILLWOOD DR.  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2012 HILLWOOD DR.  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 31-1764752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: COLLINS, VERA  
Address: 2012 HILLWOOD DR.  
City-St-Zip: CLEARWATER, FL 33763

Title: SD ( ) Delete  
Name: MCPHILLIPS, KATE  
Address: 2012 HILLWOOD DR.  
City-St-Zip: CLEARWATER, FL 33763

Title: TD ( ) Delete  
Name: WETHERINGTON, BILLY  
Address: 2012 HILLWOOD DR.  
City-St-Zip: CLEARWATER, FL 33763

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERA COLLINS

PD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date