

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000170

FILED
Feb 23, 2009
Secretary of State

Entity Name: HEALTHY FLORIDA FOUNDATION LOBBY, INC.

Current Principal Place of Business:

200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32802

New Principal Place of Business:

200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32801

Current Mailing Address:

200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32802

New Mailing Address:

200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32801

FEI Number: 04-3591531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

A.G.C. CO.
200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32801 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: _____

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCOLLUM, BILL
Address: 200 S ORANGE AVE SUITE 2300
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: WILSON, CECIL
Address: 1341 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: PILHORN, RICHARD
Address: 617 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCOLLUM, BILL
Address: 200 S ORANGE AVE SUITE 2300
City-St-Zip: ORLANDO, FL 32801

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: BILL MCCOLLUM

DIR

02/23/2009

Electronic Signature of Signing Officer or Director

Date