

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005145

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTHY LEARNING ACADEMY, INC.

Current Principal Place of Business:

2101 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2101 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-3368422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, BETH B
2727 NW 58TH BLVD.
GAINESVILLE, FL 32606 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: P () Delete
Name: FORD, BETTIANNE
Address: 401 SW 42 STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VP () Delete
Name: CRAPO, SHEILA
Address: 17722 SE 59TH STREET
City-St-Zip: MICANOPY, FL 32667 US

Title: D () Delete
Name: SPERLING, SHARON T
Address: 2325 NW 63 TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Delete
Name: ACREE, STEVE
Address: 3230 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Delete
Name: MILLS, BETH B
Address: 2727 NW 58TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Delete
Name: BENNETT, LINDA
Address: 4010 NW 27 LANE
City-St-Zip: GAINESVILLE, FL 32606

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: BETH MILLS

PRIN

04/30/2007

Electronic Signature of Signing Officer or Director

Date