

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005145

FILED
Apr 29, 2010
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:

FORD, BETTIANNE
401 SW 42ND STREET
GAINESVILLE, FL 32607 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: BETTIANNE FORD

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FORD, BETTIANNE
Address: 401 SW 42 STREET
City-St-Zip: GAINESVILLE, FL 32607 US

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

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

Title: D
Name: MARTIN, FRANCES
Address: 2220 NW 55TH BLVD #18
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D
Name: DEVIESE, CAROLE
Address: 4340 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: HARRELL, DEB
Address: 6728 NW 34TH WAY
City-St-Zip: GAINESVILLE, FL 32653 US

I hereby 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 all other like empowered.

SIGNATURE: BETTIANNE FORD

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date