

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005132

FILED  
May 07, 2009  
Secretary of State

Entity Name: HEALTHY BAKER, INC.

## Current Principal Place of Business:

480 WEST LOWDER STREET  
MACCLENNY, FL 32063

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 104  
MACCLENNY, FL 32063

## New Mailing Address:

FEI Number: 76-0792342      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:

HILL, R. MICHAEL  
431 OAK AVENUE  
PANAMA CITY, FL 32401      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: BRANCH, TONIA  
Address: 7658 GLYNN ALLY N ROAD  
City-St-Zip: MACCLENNY, FL 32063

Title: ST      ( ) Delete  
Name: KITCHING, SAM  
Address: 614 LAVERNE STREET  
City-St-Zip: MACCLENNY, FL 32063

Title: V      ( ) Delete  
Name: CARDOZA, JAMES DR  
Address: 1437 6TH ST  
City-St-Zip: MACCLENNY, FL 32063

Title: D      ( ) Delete  
Name: WILLIAMS, JAMIE  
Address: 8774 NW C.R. 125  
City-St-Zip: LAWTEY, FL 32058

Title: D      ( ) Delete  
Name: STEWART, SAMANTHA  
Address: 11169 CEDAR CRK FARMS RD  
City-St-Zip: GLEN SAINT MARY, FL 32040

## 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:

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: JAMIE WILLIAMS

D

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date