

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005132

FILED
Apr 05, 2010
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:

480 WEST LOWDER STREET
MACCLENNY, FL 32063

FEI Number: 76-0792342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: BRANCH, TONIA
Address: 7658 GLYNN ALLY N ROAD
City-St-Zip: MACCLENNY, FL 32063

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

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

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

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

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: JAMIE L WILLIAMS

D

04/05/2010

Electronic Signature of Signing Officer or Director

Date