

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005972

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: HEALTHY FUTURES AWARENESS GROUP, INC.

## Current Principal Place of Business:

1802 DOYLE ROAD  
DELTONA, FL 32738 US

## New Principal Place of Business:

## Current Mailing Address:

1802 DOYLE ROAD  
DELTONA, FL 32738 US

## New Mailing Address:

150 SHERYL DRIVE  
DELTONA, FL 32738 US

FEI Number: 20-4981365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDERRAMA PARTNERS, LLC  
1870 PROVIDENCE BLVD.  
SUITE K  
DELTONA, FL 32725 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: ELSNER, RICHARD S  
Address: 479 GOLDEN ARM ROAD  
City-St-Zip: DELTONA, FL 328738 US

Title: D ( ) Delete  
Name: ELSNER, JO H  
Address: 479 GOLDEN AM ROAD  
City-St-Zip: DELTONA, FL 32738 US

Title: D ( ) Delete  
Name: JOHNSON, CHARLIE A  
Address: 4521 NE 21 AVE  
City-St-Zip: DELAND, FL 33308 US

Title: D (X) Delete  
Name: ELSNER, LOUISE  
Address: 1175 N. ANDREW #W306  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ELSNER, RICHARD S  
Address: 150 SHERYL DRIVE  
City-St-Zip: DELTONA, FL 328738 US

Title: D (X) Change ( ) Addition  
Name: ELSNER, JO H  
Address: 150 SHERYL DRIVE  
City-St-Zip: DELTONA, FL 32738 US

Title: D (X) Change ( ) Addition  
Name: JOHNSON, CHARLIE A  
Address: 1340 NE 28TH AVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JO H ELSNER

D

03/05/2007

Electronic Signature of Signing Officer or Director

Date