

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2011
Secretary of State

Entity Name: HEALTHY FAMILY FOUNDATION CORP

Current Principal Place of Business:

5620 E FOWLER AVE
SUITE E
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5620 E FOWLER AVE
SUITE E
TAMPA, FL 33617

New Mailing Address:

FEI Number: 20-5141482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTHOFF, WAYNE
5620 E FOWLER AVE
SUITE 1
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

WESTHOFF, WAYNE
5620 E FOWLER AVE
SUITE E
TAMPA, FL 33617 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: WAYNE WESTHOFF

04/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VIRELLA, IRMARIE
Address: 5620 E FOWLER AVE, SUITE E
City-St-Zip: TAMPA, FL 33617

Title: S
Name: SANDOVAS, EDRIS
Address: 5620 E FOWLER AVE, SUITE E
City-St-Zip: TAMPA, FL 33617

Title: T
Name: DELGADO, SANDRA
Address: 5620 E. FOWLER AVE. SUITE E
City-St-Zip: TAMPA, FL 33617

Title: D
Name: FUNDACION FAMILIA SANA, INC
Address: 5620 E. FOWLER AVE., SUITE E
City-St-Zip: TAMPA, FL 33617

Title: D
Name: CORVIN, JAIME DR.
Address: 5620 E. FOWLER AVE., SUITE E
City-St-Zip: TAMPA, FL 33617

Title: D
Name: WESTHOFF, WAYNE DR.
Address: 5620 E. FOWLER AVE., SUITE E
City-St-Zip: TAMPA, FL 33617

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: WAYNE WESTHOFF

D

04/25/2011

Electronic Signature of Signing Officer or Director

Date