

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007091

FILED  
Apr 23, 2012  
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:

11507 ROBLES DEL RIO PLACE  
TAMPA, FL 33617

## Current Mailing Address:

5620 E FOWLER AVE  
SUITE E  
TAMPA, FL 33617

## New Mailing Address:

P.O. BOX 16058  
TAMPA, FL 33687

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 E  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

WESTHOFF, WAYNE  
11507 ROBLES DEL RIO PLACE  
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:

04/23/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: VIRELLA, IRMARIE  
Address: 11507 ROBLES DEL RIO PLACE  
City-St-Zip: TAMPA, FL 33617

Title: S  
Name: WESTHOFF, WAYNE  
Address: 11507 ROBLES DEL RIO PLACE  
City-St-Zip: TAMPA, FL 33617

Title: T  
Name: WESTHOFF, WAYNE  
Address: 11507 ROBLES DEL RIO PLACE  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: CORVIN, JAIME  
Address: 11507 ROBLES DEL RIO PLACE  
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

S

04/23/2012

Electronic Signature of Signing Officer or Director

Date