


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/2/2008-90030-034-\$70.00-\$70.00

DOCUMENT # N07000001657			
1. Entity Name HEALTHY CHOICE INTERNATIONAL RECOVERY MINISTRY, INC.			
Principal Place of Business 4231 DESOTO AVENUE FORT MYERS, FL 33905		Mailing Address 4231 DESOTO AVENUE FORT MYERS, FL 33905	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  BANKS, TRESHA D 3975 E. MICHIGAN AVENUE FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Tresha D Banks</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE <u>8/26/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCLONA, TANYA 1311 SW 10TH TERRACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, TRESHA 3975 E MICHIGAN AVENUE FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCLONA, FORTILUS 1311 SW 10TH TERRACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>8/9/24</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Billingham 3520 Edison Ave Fort Myers, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tanya Ducloxa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>8/26/08</u> <small>Daytime Phone #</small>	

FILED  
08 SEP 24 PM 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



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4. FEI Number 20-8323398 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Make check payable to  
Florida Department of State