

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001657

FILED
Aug 31, 2009
Secretary of State

Entity Name: HEALTHY CHOICE INTERNATIONAL RECOVERY MINISTRY, INC.

Current Principal Place of Business:

4231 DESOTO AVENUE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4231 DESOTO AVENUE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 20-8323398 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BANKS, TRESHA D
3975 E. MICHIGAN AVENUE
FORT MYERS, FL 33905 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUCLONA, TANYA
Address: 1311 SW 10TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: BANKS, TRESHA
Address: 3975 E MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: DUCLONA, FORTILUS
Address: 1311 SW 10TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: V () Delete
Name: BILLINGHAM, JOHN
Address: 35200 EDISON AVE
City-St-Zip: FT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TANYA DUCLONA

MS

08/31/2009

Electronic Signature of Signing Officer or Director

Date