

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009038

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: HEALTH LITERACY EDUCATION 4 KIDS, INC.

## Current Principal Place of Business:

1755 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003

## New Principal Place of Business:

5000 US HIGHWAY 17  
SUITE 18 # 74  
ORANGE PARK, FL 32003

## Current Mailing Address:

1755 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003

## New Mailing Address:

5000 US HIGHWAY 17  
SUITE 18 # 74  
ORANGE PARK, FL 32003

FEI Number: 26-0904108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MITCHELL, SONJA  
1755 MOSS CREEK DRIVE  
ORANGE PARK, FL 32003 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: D ( ) Delete  
Name: MITCHELL, SONJA  
Address: 1755 MOSS CREEK DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete  
Name: STEWART, DENNIS  
Address: 1369 WEST 11TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: LIVAN, THERESA  
Address: 1791 CHATHAM VILLAGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32002

Title: D ( ) Delete  
Name: MARSHALL, MELVIN  
Address: 829 TAMMY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: BROWN, LOUIS H  
Address: 675 LINCOLN AVE #1  
City-St-Zip: BROOKLYN, NY 11208

Title: D ( ) Delete  
Name: THOMAS, RENEE  
Address: 6468 TEMBERLEY DR  
City-St-Zip: JACKSONVILLE, FL 32244

## 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:

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: THERESA LIVAN

BOD

02/21/2008

Electronic Signature of Signing Officer or Director

Date