

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000047

FILED
May 10, 2009
Secretary of State

Entity Name: FLORIDA HEALTHY LIVING FOUNDATION, INC.

Current Principal Place of Business:

% CHARLES BAIER
701 SOUTH HOWARD AVENUE, SUITE 106-424
TAMPA, FL 33606

New Principal Place of Business:

FLORIDA HEALTHY LIVING FOUNDATION, INC.
701 SOUTH HOWARD AVENUE, SUITE 106-424
TAMPA, FL 33606

Current Mailing Address:

% CHARLES BAIER
701 SOUTH HOWARD AVENUE, SUITE 106-424
TAMPA, FL 33606

New Mailing Address:

FLORIDA HEALTHY LIVING FOUNDATION, INC.
701 SOUTH HOWARD AVENUE, SUITE 106-424
TAMPA, FL 33606

FEI Number: 26-2272084 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:

HOROWITZ, MITCHELL I
FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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: BAIER, CHARLES
Address: 12015 MOUNTBATTEN DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: HORVICK, JILL
Address: 3714 WEST SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ROBINSON, MARGARET
Address: 4307 WEST EMPEDRADO STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: BAIER, CHARLES J
Address: 12015 MOUNTBATTEN DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MS. (X) Change () Addition
Name: HORVICK, JILL
Address: 3714 WEST SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629

Title: MS. (X) Change () Addition
Name: ROBINSON, MARGARET
Address: 4307 WEST EMPEDRADO STREET
City-St-Zip: TAMPA, FL 33629

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: CHARLES J. BAIER

MR.

05/10/2009

Electronic Signature of Signing Officer or Director

Date