

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010764

FILED
Apr 14, 2009
Secretary of State

Entity Name: HEALTHY LIFESTYLE-LONGER LIFE, INC.

Current Principal Place of Business:

8901 NW 24TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

8901 NW 24TH PLACE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 26-4651888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC.
7480 FAIRWAY DRIVE, SUITE 206
MIAMI LAKES, FL 33014 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: P () Delete
Name: CLAYTON-WRIGHT, ARDITH
Address: 8901 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: FLYNN, MARY
Address: 8508 NW 77 STREET
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: ROOFE, EVERARD
Address: 3350 IVY WAY
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: GOMEZ, JUDITH
Address: 5201 SW 196 LANE
City-St-Zip: FORT LAUDERDALE, FL 33331

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: ARDITH CLAYTON-WRIGHT

MS.

04/14/2009

Electronic Signature of Signing Officer or Director

Date