

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RECEIVED MAY 10 2005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N36462</b> 1. Entity Name <b>RAISING A HEALTHY CHILD, INC.</b>					
Principal Place of Business <b>1400 VILLAGE SQUARE BLVD # 3-338 TALLAHASSEE, FL 32312</b>			Mailing Address <b>1400 VILLAGE SQUARE BLVD # 3-338 TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-2996405</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WIENER, WENDY 6606 E. JEFFERSON STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>660 E. Jefferson Street</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WIENER, WENDY</b> <b>660 EAST JEFFERSON ST</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Dorothy Johnson</b> <b>Suntrust Bank</b> <b>3522 Thomasville Rd.</b> <b>Tallahassee, FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RYAN, MARK J</b> <b>250 E SIXTH AVE</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300054015482 05/06/05--01066--020 <b>**\$61.25</b> <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	
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Wendy Wiener</b> <small>Date</small>		
			<b>4-30-2005</b> <small>Daytime Phone #</small>		
			<b>850-222-7710</b>		