


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90094 015 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N36462</b><br>1. Entity Name<br><b>RAISING A HEALTHY CHILD, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>1400 VILLAGE SQUARE BLVD<br/># 3-338<br/>TALLAHASSEE, FL 32312</b>   |   |  | Mailing Address<br><b>1400 VILLAGE SQUARE BLVD<br/># 3-338<br/>TALLAHASSEE, FL 32312</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>PO Box 3208</b><br><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><br>Zip                      Country   |   | City & State<br><b>TALLAHASSEE, FL</b><br>Zip                      Country<br><b>32315</b>                             |  | 4. FEI Number<br><b>59-2996405</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>WIENER, WENDY<br/>660 E JEFFERSON STREET<br/>TALLAHASSEE, FL 32301</b>   |   |  |  |   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>JESSIE R. EASON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>200 South Duval St.</b><br>City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</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 <u><i>Jessie Eason</i></u> <span style="float: right;">4/23/07</span><br><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<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>WIENER, WENDY</b> <input checked="" type="checkbox"/> Delete<br><b>660 EAST JEFFERSON ST</b><br><b>TALLAHASSEE, FL 32301</b>                                 |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>JOHNSON, DOROTHY</b> <input type="checkbox"/> Delete<br><b>SUNTRUST BANK 3522 THOMASVILLE RD</b><br><b>TALLAHASSEE, FL 32309</b>                             |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>EASON, JESSIE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>200 South Duval St.</b><br><b>Tallahassee, FL 32301</b> |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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> <u><i>Jessie Eason</i></u> <b>Jessie Eason</b> <span style="float: right;">4/23/07</span> <span style="float: right;">850-645-1772</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |