

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90032 037 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N36462 1. Entity Name RAISING A HEALTHY CHILD, INC.			
Principal Place of Business 1400 VILLAGE SQUARE BLVD # 3-338 TALLAHASSEE, FL 32312		Mailing Address P.O. BOX 3208 # 3-338 TALLAHASSEE, FL 32315	
2. Principal Place of Business - No P.O. Box # 660 E. Jefferson St.		3. Mailing Address Same	
Suite, Apt. #, etc. 701 HARRIS		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32301		Zip Country	
4. FEI Number 59-2996405		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENER, WENDY 200 S. DUVAL ST 660 E. Jefferson St. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 660 E. Jefferson St. City Tallahassee FL Zip Code 32301	
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>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EASON, JESSIE 200 S. DUVAL ST. TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Gail Stansberry-Ziffer PO Box 3208 Tallahassee, FL 32315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, DOROTHY SUNTRUST BANK 3522 THOMASVILLE RD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.			
SIGNATURE: <u>Jessie R. Eason</u> Jessie R. Eason 3/10/08 850-645-7772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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