

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002104 (8)

1. Corporation Name

STAY HEALTHY AND LIVE, INC.



Principal Place of Business

Mailing Address

9963 SOMERSET GROVE LANE
JACKSONVILLE FL 32222

P.O. BOX 14652
JACKSONVILLE FL 32236

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. BOX 381982

4. FEI Number

59-3150849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

JACKSONVILLE, FL

24

Zip

25

Country

29

Zip

32238

30

Country

DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, SHERRY L
9963 SOMERSET GROVE LANE
JACKSONVILLE FL 32222

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SHERRY JACKSON
STREET ADDRESS 9963 SOMERSET GROVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32222

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DENISE P. WILLIAMS
STREET ADDRESS 12306 PEACH ORCHSRD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME MELANIE WACTER
STREET ADDRESS RT 1 125 CHURCH DR
CITY-ST-ZIP HILLIARD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME NORMA D. HIXON
STREET ADDRESS 11011 HART RD 406
CITY-ST-ZIP JACKSONVILLE FL 32218

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry L. Jackson SHERRY L. JACKSON 4/27/96 904-778-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)