

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90063 014 ****61.25

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # N94000005382 | | | | | |
| 1. Entity Name HEALTHY KIDS OF ST. LUCIE COUNTY, INC. | | | | | |
| Principal Place of Business 117 ATLANTIC AVE FORT PIERCE, FL 34950 | | | Mailing Address 117 ATLANTIC AVE FORT PIERCE, FL 34950 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0555186 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LONG, WALLACE T JR 603 N INDIAN RIVER DR FORT PIERCE, FL 34950 | | | Name Sylvie H. Kramer Street Address (P.O. Box Number is Not Acceptable) 117 Atlantic Ave. City Fort Pierce FL Zip Code 34950 | | |
| 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 | | SYLVIE H. KRAMER | | 3/28/2008 | |
| (NOTE: Registered Agent signature required when reinstating) | | DATE | | | |
| 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 P NAME PENNINGTON, KIM STREET ADDRESS 4204 OKEECHOBEE RD CITY-ST-ZIP FORT PIERCE, FL 34947 | <input type="checkbox"/> Delete | | TITLE D NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HARRIS, DONNA STREET ADDRESS 5707 MYRTLE DRIVE CITY-ST-ZIP FORT PIERCE, FL 34982 | <input type="checkbox"/> Delete | | TITLE D P NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BROWN, NANCY STREET ADDRESS 4204 OKEECHOBEE RD CITY-ST-ZIP FORT PIERCE, FL 34947 | <input type="checkbox"/> Delete | | TITLE VP D NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME CRAFT, CHRIS STREET ADDRESS 2300 VIRGINIA AVENUE CITY-ST-ZIP FORT PIERCE, FL 34982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME LONG, WALLACE T JR STREET ADDRESS 4700 W. MIDWAY RD CITY-ST-ZIP FORT PIERCE, FL 34982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HALL, ARLEASE STREET ADDRESS 5150 NW MILNER ROAD CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 | <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 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: | | SYLVIE H. KRAMER | | 3/28/2008 | |
| (NOTE: Registered Agent signature required when reinstating) | | DATE | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | | |