

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005382

FILED
Mar 30, 2009
Secretary of State

Entity Name: HEALTHY KIDS OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

117 ATLANTIC AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

117 ATLANTIC AVE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0555186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, SYLVIA H
117 ATLANTIC AVE.
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENNINGTON, KIM
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: DP () Delete
Name: HARRIS, DONNA
Address: 5707 MYRTLE DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD () Delete
Name: BROWN, NANCY
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: CRAFT, CHRIS
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: LONG, WALLACE T JR
Address: 4700 W. MIDWAY RD
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: HALL, ARLEASE
Address: 5150 NW MILNER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIE H. KRAMER

RA

03/30/2009

Electronic Signature of Signing Officer or Director

Date