2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005382

FILED Mar 31, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

117 ATLANTIC AVE FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

117 ATLANTIC AVE FORT PIERCE, FL 34950

FEI Number: 65-0555186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAMER, SYLVIA H

117 ATLANTIC AVE.
FORT PIERCE, FL 34950 US

MARCEAU, SYLVIE H

117 ATLANTIC AVE.
FORT PIERCE, FL 34950 US

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: SYLVIE H. MARCEAU 03/31/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: PENNINGTON, KIM
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: DP

 Name:
 HARRIS, DONNA

 Address:
 5707 MYRTLE DRIVE

 City-St-Zip:
 FORT PIERCE, FL 34982

Title: VPD

Name: BROWN, NANCY
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title:

Name: CRAFT, CHRIS

Address: 2300 VIRGINIA AVENUE City-St-Zip: FORT PIERCE, FL 34982

Title:

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

Title: [

 Name:
 HALL, ARLEASE

 Address:
 5150 NW MILNER ROAD

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: SYLVIE H. MARCEAU RA 03/31/2010