

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004434

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: HEBNI NUTRITION CONSULTANTS, INC.

**Current Principal Place of Business:**

2009 W. CENTRAL BLVD.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

4630 S. KIRKMAN RD  
201  
ORLANDO, FL 32811

**New Mailing Address:**

2009 W. CENTRAL BLVD.  
ORLANDO, FL 32805

FEI Number: 59-3258397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MONSANTO, ROBERTA  
4630 S. KIRKMAN ROAD  
SUITE #201  
ORLANDO, FL 32811 US

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

MONSANTO, ROBERTA  
154 BRIARCLIFF DRIVE  
KISSIMMEE, FL 34758 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: ROBERTA MONSANTO

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: CARSON, ELLAREETHA T  
Address: 4057 E. MARYLAND PL.  
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete  
Name: GAINES, FABIOLA D  
Address: 1525 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: WEAVER, RONIECE  
Address: 3027 PORTO LAGO DRIVE  
City-St-Zip: WINDERMERE, FL 34786

**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:

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: RONIECE WEAVER

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date