

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007631

FILED
Mar 01, 2009
Secretary of State

Entity Name: HEALTH SUPPORT AWARENESS, INC.

Current Principal Place of Business:

3548 WOODRIDGE PLACE
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3548 WOODRIDGE PLACE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3616245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, LOUIS H
3548 WOODRIDGE PLACE
PALM HARBOR, FL 34684 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: PD () Delete
Name: MUELLER, LOUIS H JR
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: CRAIG, CHRISTINA M
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: VTSD () Delete
Name: MUELLER, ESTELLE A
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Delete
Name: MUELLER, STEPHEN
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Delete
Name: SKALSKI, JOSEPH
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: DIR () Delete
Name: MUELLER, SARAH L
Address: 3548 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

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: LOUIS H. MUELLER

DIR

03/01/2009

Electronic Signature of Signing Officer or Director

Date