

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081264

FILED
Feb 08, 2009
Secretary of State

Entity Name: MACKEY HEALTH INSTITUTE, INC.

Current Principal Place of Business:

3385 COASTAL HIGHWAY
#11
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

1524 15TH TERRACE
PALM BEACH GARDENS,, FL 33418 US

Current Mailing Address:

P.O. BOX 193
ST. AUGUSTINE, FL 32084

New Mailing Address:

1524 15TH TERRACE
PALM BEACH GARDENS,, FL 33418 US

FEI Number: 59-3311353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKEY, BONNIE
3385 COASTAL HIGHWAY
#11
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

MACKEY, BONNIE
1524 15TH TERRACE
PALM BEACH GARDENS,, FL 33418 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: BONNIE T, MACKEY

02/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACKEY, BONNIE
Address: 3385 COASTAL HIGHWAY #11
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: RANES, DEBORAH
Address: 3385 COASTAL HIGHWAY # 11
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: T () Delete
Name: MACKEY, SUSAN
Address: 3385 COASTAL HIGHWAY # 11
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACKEY, BONNIE
Address: 1524 15TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP (X) Change () Addition
Name: HUNTER, CAREN
Address: 1524 15TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T (X) Change () Addition
Name: MACKEY, SUSAN
Address: 1524 15TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE T. MACKEY

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

Date