

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001316

**Entity Name:** A+...KID'S HEALTHY LUNCH CORP.

**Current Principal Place of Business:**

1720 MEMORY LANE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1720 MEMORY LANE  
JACKSONVILLE, FL 32210

**FEI Number:** 85-0499327

**Certificate of Status Desired:** No

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

MINIEL, MELINDA  
1720 MEMORY LANE  
JACKSONVILLE, FL 32210 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:** MELINDA MINIEL

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MINIEL, MELINDA  
Address 1720 MEMORY LANE  
City-State-Zip: JACKSONVILLE FL 32210

Title STD  
Name WILLIAMS, HENRY LAMARR  
Address 614 BLACKBERRY GLENN  
City-State-Zip: SPRINGVILLE AL 35146

Title VD  
Name WILLIAMS, MARK A  
Address 286 STATE ROAD 16  
City-State-Zip: ST. AUGUSTINE FL 32084

Title VP, DIRECTOR  
Name LOPEZ, ANA C  
Address 6905 SE NEHALEM ST  
UNIT A  
City-State-Zip: PORTLAND OR 97206

*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:** MELINDA MINIEL

**PRESIDENT**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date