

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013040

Entity Name: HEALTHIER WEALTHIER WISER, INC.**Current Principal Place of Business:**142 MOUND AVENUE
ORMOND BEACH, FL 32174**Current Mailing Address:**POST OFFICE BOX 9094
DAYTONA BEACH, FL, FL 32120 US**FEI Number: 87-3672739****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVIS, BELINDA C
142 MOUND AVENUE
ORMOND BEACH, FL 32174 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	DAVIS, BELINDA C
Address	142 MOUND AVENUE
City-State-Zip:	ORMOND BEACH FL 32174

Title	SEC
Name	BROOKEN-REID, TARNESSIA
Address	230 BURLEIGH AVENUE
City-State-Zip:	HOLLY HILL FL 32117

Title	TRES
Name	THOMPSON, SHIRLEY
Address	1242 SUNSET CIRCLE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	TRUS
Name	HAMM, DEBORAH
Address	254 LAWS LANE
City-State-Zip:	ORMOND BEACH FL 32174

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: BELINDA CARMEN DAVIS**CEO****01/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date