# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 05, 2005**
**Secretary of State**

DOCUMENT# N04000001474

**Entity Name:** THE NATURAL HEALTH FOR CHILDREN FOUNDATION, INC.

**Current Principal Place of Business:**

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

**New Principal Place of Business:**

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

**Current Mailing Address:**

1645 PARK AVE. NORTH
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 55-0858212** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DUPLANTIER RHEA, BEATRICE
1645 PARK AVE. NORTH
WINTER PARK, FL 32789 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: D ( ) Delete
Name: RHEA, BEATRICE
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: RHEA, KENNETH
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: RHEA, ALEXANDER
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: RHEA, JEAN-EDWIN
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: DOMERGUE, CHRISTIAN
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: RHEA, BEATRICE
Address: 1645 PARK AVE. NORTH
City-St-Zip: WINTER PARK, FL 32789

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 for the exemption stated in Section 119.07(3)(i), 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: BEATRICE DUPLANTIER RHEA PRES 03/05/2005

Electronic Signature of Signing Officer or Director — Date