

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001960

FILED
May 02, 2007
Secretary of State

Entity Name: HERON CREEK MIDDLE SCHOOL COMMUNITY OF CARING FOUNDATION, INC.

Current Principal Place of Business:

6501 WEST PRICE BLVD.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

6501 WEST PRICE BLVD.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-3819840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, SCOTT A.
6501 WEST PRICE BLVD.
NORTH PORT, FL 34286 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: WILSON, SCOTT A.
Address: 6501 WEST PRICE BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: MASON, TRACY
Address: 6501 WEST PRICE BLVD.
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: WATSON, R. THEODORE JR.
Address: 6501 WEST PRICE BLVD.
City-St-Zip: NORTH PORT, FL 34286

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:

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: SCOTT A WILSON

_____ Electronic Signature of Signing Officer or Director

MR

05/02/2007

_____ Date