


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 037 ****61.25

DOCUMENT # N05000001960			
1. Entity Name HERON CREEK MIDDLE SCHOOL COMMUNITY OF CARING FOUNDATION, INC. *Note-Name is in the process of being changed to NORTH PORT MIDDLE SCHOOLS COMMUNITY OF CARING FOUNDATION, INC.			
Principal Place of Business 6501 WEST PRICE BLVD. NORTH PORT, FL 34286		Mailing Address 6501 WEST PRICE BLVD. NORTH PORT, FL 34286	
2. Principal Place of Business - No P.O. Box # 2700 Panacea Blvd Suite, Apt. #, etc.		3. Mailing Address 2700 Panacea Blvd Suite, Apt. #, etc.	
City & State North Port, FL		City & State North Port, FL	
Zip 34289		Country USA	
4. FEI Number 20-3819840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required		06102008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WILSON, SCOTT A. 6501 WEST PRICE BLVD. NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name R. Theodore Watson, Jr. Street Address (P.O. Box Number is Not Acceptable) 2700 Panacea Blvd. Woodland Middle School City North Port FL Zip Code 34289	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, SCOTT A. 6501 WEST PRICE BLVD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete	DP R.Theodore Watson, Jr. Woodland Middle School 2700 Panacea Blvd., North Port, FL 34289
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, TRACY 6501 WEST PRICE BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, R. THEODORE JR. 6501 WEST PRICE BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>R. Theodore Watson, Jr.</i>		R. Theodore Watson, Jr.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 6/19/08	
<small>Daytime Phone #</small>		<small>Daytime Phone #</small>	