

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-01-2008 90191 009 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N07000004954			
1. Entity Name AMERICAN HERITAGE FATHERS ASSOCIATION CORP.			
Principal Place of Business 6200 LINTON BOULEVARD DELRAY BEACH FL 33484 US		Mailing Address 6200 LINTON BOULEVARD DELRAY BEACH FL 33484 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9363 Del Prado Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		4. FEI Number 261-09-2009	
Zip 33446		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARMEL, MARK 3174 HAMBLIN WAY WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name: Mark DeSimone Street Address (P.O. Box Number is Not Acceptable): 9363 Del Prado Drive City: Delray Beach FL Zip Code: 33446	
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		DATE	
FILE NOW FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DIR NAME: STONE, ROBERT STREET ADDRESS: 6200 LINTON BOULEVARD CITY-ST-ZIP: DELRAY BEACH FL 33484	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: CARMEL, MARK STREET ADDRESS: 3174 HAMBLIN WAY CITY-ST-ZIP: WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: ARNOLD, BRETT STREET ADDRESS: 6200 LINTON BOULEVARD CITY-ST-ZIP: DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete	TITLE: DIR NAME: Mark DeSimone STREET ADDRESS: 9363 Del Prado Dr. CITY-ST-ZIP: Delray Beach FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	