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Mar 23, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N98000001933

1. Corporation Name
HEALING THE CHILDREN-FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business 4137 EQUESTRIAN LANE WINDERMERE FL 34786 | Mailing Address 4137 EQUESTRIAN LANE WINDERMERE FL 34786 |
|--|--|



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|--|--|---|
| 2. Principal Place of Business 21 200 West 15th Street Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 2726 Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 04/02/1998 |
| 22 | 27 | 4. FEI Number 59-3503974 Applied For Not Applicable |
| 23 City & State Sanford, FL | 28 City & State Sanford, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 32771 | 25 Country USA | 29 Zip 32772-2726 |
| | 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

JOHNSON, PENNY
 4137 EQUESTRIAN LANE
 WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name **Lisa Holt, RN**

82 Street Address (P.O. Box Number is Not Acceptable)
200 West 15th Street

83

84 City **Sanford** FL 85 Zip Code **32771**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lisa A. Holt* **Lisa A. Holt Executive Director** DATE **1/8/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, PENNY | |
| STREET ADDRESS | 4137 EQUESTRIAN LANE | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, BROOSE | |
| STREET ADDRESS | 4137 EQUESTRIAN LANE | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLY, ROSINA A | |
| STREET ADDRESS | 7663 CLUBHOUSE ESTATES DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLY, WILLIAM P | |
| STREET ADDRESS | 7663 CLUBHOUSE ESTATES DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Holt, Lisa | |
| 1.3 STREET ADDRESS | 200 W. 15th Street | |
| 1.4 CITY-ST-ZIP | Sanford, FL 32771 | |
| 2.1 TITLE | DC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Lisa Portelli | |
| 2.3 STREET ADDRESS | 1636 Eagle Nest Circle | |
| 2.4 CITY-ST-ZIP | Winter Park, FL 32788 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Rick Dillard | |
| 3.3 STREET ADDRESS | 1500 Harris Circle | |
| 3.4 CITY-ST-ZIP | Winter Park, FL 32789 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Lourdes Zaczac | |
| 4.3 STREET ADDRESS | 205 Riverview Dr. | |
| 4.4 CITY-ST-ZIP | Longwood, FL 32779 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | David Bundy | |
| 5.3 STREET ADDRESS | 360 Eagle Creek Circle | |
| 5.4 CITY-ST-ZIP | Lake Mary, FL 32746 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Pia Valvassori | |
| 6.3 STREET ADDRESS | 1230 N. Lake Sybelia Dr. | |
| 6.4 CITY-ST-ZIP | Maitland, FL 32751 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa A. Holt* **Lisa A. Holt** DATE **1/8/99** DAYTIME PHONE # **407-330-0070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)