## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000001933

1. Corporation Name

HEALING THE CHILDREN-FLORIDA, INC.

Principal Place of Business

Mailing Address

4137 EQUESTRIAN LANE WINDERMERE FL 34786

4137 EQUESTRIAN LANE WINDERMERE FL 34786

## **FILED** Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90042 036 \*\*\*\*61.25



Principal Place of Business     2a. Mailing Address					3. Date Incorporated or Qualifed	I		
	200 West 15th Street 26 P.O. Box 2			2	04/02/1998			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-1-0	4. FEI Number	<u> </u>		led For Applicable
22		27			59-3503974	<u> </u>	<del></del>	<del></del>
City & State 23 Sanford, FL		City & State 28 Sanford, FL			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip 24 3277	Country 71 25 USA	Zip 29 32772-2726	Country	SA	Election Campaign Financing     Trust Fund Contribution		\$5.00 N Added to	
	9. Name and Address of Current		<u> </u>		10. Name and Address of New	Registered A	gent	
JOHNSON			81 82		is a Holt, RN ress (P.O. Box Number is Not Accep	table)		
4137 EQUESTRIAN LANE			200 West 15th Street					
WINDERMERE FL 34786			83		-			
	,_,_		84		nford	FL	85 Zip Co	ode F71
11 Pursuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the abov	a named com	poration cultimite this statement for the	e numose of o	hanging its n	egistered
					on's board of directors. I hereby acce	pt the appoin	tment as regi	stered
	m familia with, and accept the obligation				Discalor	1/8/9	9	, [
SIGNATURE	Signature, typed or printed name of registered agent a	Aisa A.Holt nd title if applicable. (NOTE: Re			Director  Mod when reinstating)	DATE	<u>.                                    </u>	)
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS ANI		
TITLE	D	☐ DELETE	1.1 TITLE	bP			Change	Addition
NAME	JOHNSON, PENNY		1.2 NAME	Īμ	olt, Lisa.			·
STREET ADDRESS	4137 EQUESTRIAN LANE		1.3 STREE	TADDRESS 2	olt, Lisage 100 W. 15th Street			ţ
CITY-ST-ZIP	WINDERMERE FL 34786		1.4 CITY- 9	r-zip.	anford, FL 32771			
TITLE	D	☐ DELETE	2.1 TITLE	Ī	) C		☐ Change	Addition
NAME	JOHNSON, BROOSE		2.2 NAME		sa Portelli			
- STREET ADDRESS	4137-EQUESTRIAN-LANE	<u>,</u>	2.3 STREE	TADORESS	636 Eagle Nest ( Winter Park, FL	irele.	<u> </u>	
CITY-ST-ZIP	WINDERMERE FL 34786		2. 4 CITY-	ST-ZIP	winter Park, FL	3270	<u> </u>	
TITLE	D	☐ DELETE	3.1 TITLE	172	ick Dillard		☐ Change	Addition
NAME	KELLY, ROSINA A		3.2 NAME	15	Too Harris Circle			
STREET ADDRESS	7663 CLUBHOUSE ESTATES DR	IVE	3.3 STREE		Winter Park, FL 3	2789		
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-			/	- <u></u>	
TITLE	D	☐ DELETE	4.1 TITLE	D			☐ Change	Addition
NAME	KELLY, WILLIAM P		4. 2 NAME		ourdes Zaczac	•		
STREET ADDRESS	7663 CLUBHOUSE ESTATES DR	IVE	4.3 STREE		los Rivervieus Dr.			
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-5	T-ZIP 2	Longwood, FL 3a	779	=1.0	
TITLE		☐ DELETE	5.1 TTILE	Ð			Change	Addition
NAME			5.2 NAME	D	avid Bundy	1.		
STREET ADDRESS					60 Eagle (reek Cir			
CITY-ST-ZIP			5.4 CITY-5		ake Mary, FL 3	1746		- C 100
TITLE		☐ DELETE	6.1 TITLE	D	0		Change	Addition
NAME			6.2 NAME	$\mathcal{P}$	a Valvassosi Lal	<b>D</b> -		
STREET ADDRESS			6.3 STREE	TADDRESS /	130 N. Lake Sybelio	<i>U</i> .		]
	1		E CACITY O	יד דום בוד די	コーン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Z" <b>I</b>		I

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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**