

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90831 021 ****61.25

DOCUMENT # N98000001933

1. Entity Name

HEALING THE CHILDREN-FLORIDA, INC.

Principal Place of Business

**200 WEST 15TH STREET
SANFORD FL 32771**

Mailing Address

**P.O. BOX 2726
SANFORD FL 32772-2726**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3503974

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLT, LISA
200 WEST 15TH STREET
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	VANDERPOL-WELLS, MARILYN	
STREET ADDRESS	401 CINAMMON OAK COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE	DT	<input type="checkbox"/> Delete
NAME	O'BRIEN, COLLEEN	
STREET ADDRESS	2038 ALBERT LEE PKWY	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ROSINA A	
STREET ADDRESS	1275 TECUMSEH TRAIL	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM P	
STREET ADDRESS	1275 TECUMSEH TRAIL	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLT, LISA	
STREET ADDRESS	200 WEST 15TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, CONRAD	
STREET ADDRESS	800 MAGNOLIA DRIVE SUITE 1700	
CITY-ST-ZIP	ORLANDO FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	


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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Holt

Date

4/24/01 407-330-0070

Daytime Phone #

CR2E037 (10/00)