2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90046 046 ****70.00

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

Principal Place of Business	Mailing Address
200 WEST 15TH STREET SANFORD, FL 32771	P.O. BOX 2726 SANFORD, FL 32772-2726

03102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1210 E. Plant Street Suite, Apt. #, etc.	1210 E. Plant Street Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State: Winter Garden, FL
Zip: 34787 Country: U.S.	Zip: 34787 Country: US

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: Tina M Heydorn
Street Address (P.O. Box Number is Not Acceptable): 312 Stanley Bell Dr
City: Mt Dora **FL** Zip Code: 32757

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: Tina M Heydorn Tina M Heydorn 3/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC VANDERPOL-WELLS, MARILYN 401 CINAMMON OAK COURT LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Lisa Holt 200 West 15th Street Sanford, FL 32771	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O'BRIEN, COLLEEN 2038 ALBERT LEE PKWY WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM Tina Heydorn 312 Stanley Bell Dr Mt Dora, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, ROSINA A 1275 TECUMSEH TRAIL PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Madonna Brochart 1360 Magnolia Ave Winter Park, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, WILLIAM P 1275 TECUMSEH TRAIL PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Radhika Narain, CPA 9108 Also Road Gotha, FL 34734	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOLT, LISA 200 WEST 15TH STREET SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lourdes Zaccac 777 NW 72nd Ave Suite 1-BB-1 Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTIAGO, CONRAD 800 MAGNOLIA DRIVE SUITE 1700 ORLANDO, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Demis Goddard PGA Village 7758 Greenbrier Circle Port St Lucie, FL 34986	☐ Change ☒ Addition

12. 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 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: Tina M Heydorn Tina Heydorn 3/12/04 407-877-4304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #