

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001933

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: HEALING THE CHILDREN-FLORIDA, INC.

**Current Principal Place of Business:**

1210 E. PLANT STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1210 E. PLANT STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 59-3503974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HEYDORN, TINA M  
312 STANLEY BELL DR.  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: HOLT, LISA  
Address: 200 WEST 15TH ST.  
City-St-Zip: SANFORD, FL 32771

Title: DM ( ) Delete  
Name: HEYDORN, TINA  
Address: 1210 E. PLANT STREET  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: KELLY, ROSINA A  
Address: 1275 TECUMSEH TRAIL  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: KELLY, WILLIAM P  
Address: 1275 TECUMSEH TRAIL  
City-St-Zip: PENSACOLA, FL 32514

Title: DP ( ) Delete  
Name: HOLT, LISA  
Address: 200 WEST 15TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete  
Name: BROCHART, MADONNA  
Address: 1360 MAGNOLIA AVE.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: SQUILLACIOTI, NANCY  
Address: 1917 AQUARIUS CT  
City-St-Zip: OVEIDO, FL 32766

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA M HEYDORN

DIR.

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date