

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2005
Secretary of State**

DOCUMENT# N98000001933

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

Electronic Signature of Signing Officer or Director

DIR.

01/24/2005

Date