2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N98000001933

Entity Name: HEALING THE CHILDREN-FLORIDA, INC.

Current Principal Place of Business:

P. O. BOX 354235
PALM COAST, FL 32135

New Principal Place of Business:

25156 CELESTIAL STREET
CHRISTMAS, FL 32709

Current Mailing Address:

P. O. BOX 354235
PALM COAST, FL 32135

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:

RHODENBECK, ARLENE M
25156 CELESTIAL STREET
CHRISTMAS, FL 32709 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: PRES ( ) Delete
Name: CUBILLOS, LUIS F
Address: 19184 CLOYSTER LAKE LANE
City-St-Zip: BOCA RATON, FL 32498

Title: VP ( ) Delete
Name: GLICK, ANGELES
Address: 65 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: TD ( ) Delete
Name: GLICK, ARTHUR
Address: 65 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: SB ( ) Delete
Name: NEGRON, BILL
Address: 459 SOUTH GRANT STREET
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SB (X) Change ( ) Addition
Name: GLICK, ANGELES
Address: 65 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANGELES GLICK VP 01/06/2009

Electronic Signature of Signing Officer or Director — Date