

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 24, 2009**  
**Secretary of State**

DOCUMENT# N98000001933

**Entity Name:** HEALING THE CHILDREN-FLORIDA, INC.**Current Principal Place of Business:**25156 CELESTIAL STREET  
CHRISTMAS, FL 32709**New Principal Place of Business:****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 ( )****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: GLICK, ANGELES  
Address: 65 BALLENGER LANE  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: SANCHEZ, FRED  
Address: 3405 HAMLET LOOP  
City-St-Zip: WINTER PARK, FL 32789

Title: BM ( ) Change (X) Addition  
Name: HARRISON, C. KEITH  
Address: P.O. BOX 161400  
City-St-Zip: ORLANDO, FL 32816

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

V.P.

03/24/2009

Electronic Signature of Signing Officer or Director

Date