

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001933

Entity Name: HEALING THE CHILDREN-FLORIDA, INC.

Current Principal Place of Business:

3621 NEEDLES DRIVE
ORLANDO, FL 32810

Current Mailing Address:

P.O, BOX 354235
PALM COAST, FL 32315

FEI Number: 59-3503974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHODENBECK, ARLENE M
3621 NEEDLES DRIVE
ORLANDO, FL 32810 US

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

Officer/Director Detail :

Title PRES
Name HOFFMAN, DAVID DR.
Address 256 MASON AVENUE
City-State-Zip: STATEN ISLAND NY 10305

Title VP
Name GLICK, ANGELES
Address 65 BALLENGER LANE
City-State-Zip: PALM COAST FL 32137

Title TD
Name GLICK, ARTHUR
Address 65 BALLENGER LANE
City-State-Zip: PALM COAST FL 32137

Title MS.
Name LONDON, LORETTA
Address 185 WILSO PARK DRIVE
City-State-Zip: TARRYTOWN NY 10591

Title DR.
Name BRETT, SNYDER
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby 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 all other like empowered.

SIGNATURE: ANGELES GLICK

VICE PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date