

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001933

**FILED  
Mar 27, 2016  
Secretary of State  
CC5626098656**

**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: Yes**

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

Title            SECRETARY  
Name            RHODENBECK, CALVIN M.  
Address        P.O, BOX 354235  
City-State-Zip: PALM COAST FL 32315

*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**

**03/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date