## 2016 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

## Name and Address of Current Registered Agent:

RHODENBECK, ARLENE M 3621 NEEDLES DRIVE ORLANDO, FL 32810 US Mar 27, 2016 Secretary of State CC5626098656

Date

FILED

Certificate of Status Desired: Yes

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

#### Officer/Director Detail :

| Title           | PRES                       | Title           | VP                                 |
|-----------------|----------------------------|-----------------|------------------------------------|
| Name            | HOFFMAN, DAVID DR.         | Name            | GLICK, ANGELES                     |
| Address         | 256 MASON AVENUE           | Address         | 65 BALLENGER LANE                  |
| City-State-Zip: | STATEN ISLAND NY 10305     | City-State-Zip: | PALM COAST FL 32137                |
|                 |                            |                 |                                    |
|                 |                            |                 |                                    |
| Title           | TREASURER                  | Title           | SECRETARY                          |
| Title<br>Name   | TREASURER<br>GLICK, ARTHUR | Title<br>Name   | SECRETARY<br>RHODENBECK, CALVIN M. |
|                 |                            |                 |                                    |

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