

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90163 017 \*\*\*\*61.25

DOCUMENT # N02000001082

1. Entity Name  
NATURE'S PLACE VILLAGE OF HERITAGE SPRINGS,  
INC.



Principal Place of Business  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

Mailing Address  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

**54052834**



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
33-1004916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KRACH, MITCHELL P  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VPO  
NAME KRACH, MITCHELL  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DP  
NAME EICHHOLT, LEWIS  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DVP  
NAME BARBER, NORMAN  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DST  
NAME LUKACSZESKI, JOHN  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a duly elected officer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL KRACH

4/23/04

Date

727-372-5411

Daytime Phone #