

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004572

FILED
May 03, 2007
Secretary of State

Entity Name: HEAVENLY BLESSED CARE FOUNDATION, INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
104
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

750 SOUTH ORANGE BLOSSOM TRAIL
104
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 41-2138531 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JEAN, JONASSAINT
750 SOUTH ORANGE BLOSSOM TRAIL
104
ORLANDO, FL 32805 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORGAISSE, KARLY
Address: 750 SOUTH ORANGE BLOSSOM TAIL
City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete
Name: JONASSAINT, JEAN
Address: 1671 JORDAN TERR
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: LAGUERRE, MIDERLIO
Address: 2811 HALEY DR
City-St-Zip: ORLANDO, FL 32808

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:

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: KARLY A NORGAISSE

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date