

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004572

FILED  
May 02, 2008  
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:**

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

**Name and Address of New Registered Agent:**

JEAN, JONASSAINT R  
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: JEAN R JONASSAINT

05/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NORGASSE, 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: P (X) Change ( ) Addition  
Name: NORGASSE, KARLY A  
Address: 750 SOUTH ORANGE BLOSSOM TAIL  
City-St-Zip: ORLANDO, FL 32805

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

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 NORGASSE

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date