## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000005772** 

1. Entity Name

## **FILED** Sep 08, 2005 8:00 am Secretary of State

09-08-2005 90067 045 \*\*\*\*70.00

OUR HEF YES!, INC	RITAGE YOU TH ENRICH C.	MENT SERVICES OH								
Principal Place of Business 1749 TILLSTREAM DRIVE ORLANDO, FL 32818		Mailing Address 1749 TILLSTREAM DRIVE ORLANDO, FL 32818		50065506						
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2. Principal Place of Business					i (881)(81 811 80)(1		its masii maint diilit			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09062005 C	hg-NP	CR2E037	(10/03)			
City & State		City & State			4. FEI Number 56 - 248	0353		<u> </u>	pplied For at Applicable	
Zip	. Country	Zip	Country		5. Certificate of S			8.75 Add		
	6. Name and Address of Curre	nt Registered Agent			7. Name and Add	dress of New F		•		
LAMADII	ETICIA M		Name				_			
LAMAR, LETICIA M 1749 TILLSTREAM DRIVE ORLANDO, FL 32818		Á	Street /	Street Address (P.O. Box Number is Not Acceptable)						
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,	§.		City				FL	Zip Cod	е	
the obligat	named entity submits this statement lions of registered agent.	t for the purpose of changing its	registered office of	or register	ed agent, or both, in	the State of Fl	orida. I em fa	miliar with,	and accept	
in (•ξ										
SIGNATURE.								_		
	Signature, typed or printed name of registered ag	ent and title if applicable. {NO	E: Registered Agent signs	ature required	when reinstating)		DATE		<u>-</u>	
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee Is \$61.25 ue by September 7, 2005	9. Election Ca	E: Registered Agent signs Impaign Financing Contribution.		when reinstating) \$5.00 May Be Added to Fees		DATE lake check   ride Departn			
SIGNATURE .	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND	9. Election Ca Trust Fund	mpaign Financing Contribution.		\$5.00 May Be	Fior	lake check   ride Departn	nent of S	i 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR

Daylore Phone #