

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006030

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: AOHE, INC

**Current Principal Place of Business:**

1650 WINSTON STREET  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 22  
CANTONMENT, FL 32533

**New Mailing Address:**

FEI Number: 20-1246379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOODMAN, KAREN  
1650 WINSTON STREET  
CANTONMENT, FL 32533 US

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

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: GOODMAN, KAREN A  
Address: 1650 WINSTON STREET  
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP ( ) Delete  
Name: GOODMAN, RONALD D  
Address: 1650 WINSTON STREET  
City-St-Zip: CANTONMENT, FL 32533 US

Title: TREA ( ) Delete  
Name: KROCK, BRENA  
Address: 1821 SOUTHBAY DR  
City-St-Zip: PENSACOLA, FL 32506 US

**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: BRENA L KROCK

TREA

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date