2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000011224

Entity Name: OUR FALLEN HEROES FOUNDATION, INC.

Current Principal Place of Business:

521 E CENTRAL AVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

521 W CENTRAL AVE
WINTER HAVEN, FL 33880 US

Current Mailing Address:

521 E CENTRAL AVE
WINTER HAVEN, FL 33880

New Mailing Address:

521 W CENTRAL AVE
WINTER HAVEN, FL 33880 US

FEI Number: 20-1961320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, JAMES P
521 E CENTRAL AVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

TURNER, MARK G
255 MAGNOLIA AVENUE
WINTER HAVEN, FL 33880 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: MARK G. TURNER 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WELLS, PATRICIA
Address: PO BOX 110
City-St-Zip: WINTER HAVEN, FL 33882

Title: D ( ) Delete
Name: WELLS, JAMES P
Address: PO BOX 110
City-St-Zip: WINTER HAVEN, FL 33882

Title: D ( ) Delete
Name: SABISTON, ROBERT J JR
Address: 700 MIRROR TERR NW UNIT 208
City-St-Zip: WINTER HAVEN, FL 338812384

Title: D ( ) Delete
Name: MCCLURE, JOSEPH
Address: 5 PINE RUN
City-St-Zip: HAINES CITY, FL 338449605

Title: D ( ) Delete
Name: LOGAN, SCOTT
Address: 5117 SEABELL ROAD
City-St-Zip: SANIBEL, FL 33957

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:

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 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 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: JAMES P. WELLS D 04/29/2005
Electronic Signature of Signing Officer or Director Date