


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90145 029 \*\*\*\*61.25

<b>DOCUMENT # N04000011224</b> 1. Entity Name OUR FALLEN HEROES FOUNDATION, INC.					
Principal Place of Business 521 W CENTRAL AVE WINTER HAVEN, FL 33880 US			Mailing Address 521 W CENTRAL AVE WINTER HAVEN, FL 33880 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1961320	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  TURNER, MARK G 255 MAGNOLIA AVENUE WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <u>D, T</u> <input type="checkbox"/> Delete NAME WELLS, PATRICIA STREET ADDRESS PO BOX 110 CITY-ST-ZIP WINTER HAVEN, FL 33882			TITLE <u>add</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Theodore Russell</u> STREET ADDRESS <u>3012 Partridge Pt Trail</u> CITY-ST-ZIP <u>Valrico, FL 33594</u>		
TITLE <u>D, P</u> <input type="checkbox"/> Delete NAME WELLS, JAMES P STREET ADDRESS PO BOX 110 CITY-ST-ZIP WINTER HAVEN, FL 33882			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME SABISTON, ROBERT J JR STREET ADDRESS 700 MIRROR TERR NW UNIT 208 CITY-ST-ZIP WINTER HAVEN, FL 338812384			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME MCCLURE, JOSEPH STREET ADDRESS 5 PINE RUN CITY-ST-ZIP HAINES CITY, FL 338449605			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME LOGAN, SCOTT STREET ADDRESS 5117 SEABELL ROAD CITY-ST-ZIP SANIBEL, FL 33957			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME LANGBEIN, CHARLES STREET ADDRESS 1200 PARKSIDE DR. S.E. CITY-ST-ZIP WINTER HAVEN, FL 33884			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Patricia Wells</u> <u>PATRICIA WELLS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-23-2008 863-294-3361 <small>Date Daytime Phone #</small>	