

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011224

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** OUR FALLEN HEROES FOUNDATION, INC.

**Current Principal Place of Business:**

521 W CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

521 WEST CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

521 W CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

521 WEST 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:**

TURNER, MARK G  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 33880 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: 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

Title: D ( ) Delete  
Name: LANGBEIN, CHARLES  
Address: 1200 PARKSIDE DR. S.E.  
City-St-Zip: WINTER HAVEN, FL 33884

**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:

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: PATRICIA WELLS

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date