

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011224

FILED
Apr 04, 2011
Secretary of State

Entity Name: OUR FALLEN HEROES FOUNDATION, INC.

Current Principal Place of Business:

521 WEST CENTRAL AVE
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

521 WEST CENTRAL AVE
WINTER HAVEN, FL 33880 US

New Mailing Address:

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
Name: WELLS, PATRICIA
Address: PO BOX 110
City-St-Zip: WINTER HAVEN, FL 33882

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

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

Title: D
Name: RUSSELL, TED
Address: 3012 PARTRIDGE POINT TRAIL
City-St-Zip: VALRICO, FL 33594

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA WELLS

D

04/04/2011

Electronic Signature of Signing Officer or Director

Date