

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011444

FILED
Oct 26, 2009
Secretary of State

Entity Name: THE HERITAGE EMPLOYEES FUND, INC.

Current Principal Place of Business:

5433 W. S. R. WEST 46
SANFORD, FL 32771

New Principal Place of Business:

5433 W. S. R. 46
APT. 135
SANFORD, FL 32771

Current Mailing Address:

5433 W. S. R. WEST 46
SANFORD, FL 32771

New Mailing Address:

5433 W. S. R. 46
APT. 135
SANFORD, FL 32771

FEI Number: 20-2003902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXATOS, MICHAEL S
5433 W. S. R. WEST 46, APT. 113
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

TRACY, EVELYN
5433 W. S. R. 46, APT. 135
SANFORD, FL 32771 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: EVELYN TRACY

10/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXATOS, MICHAEL S
Address: 5433 W. S. R. WEST 46, APT. 113
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: TELMAN, HESTER
Address: 5433 W. S. R. WEST 46
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: TRACY, EVELYN
Address: 5433 W. S. R. 46, APT. 135
City-St-Zip: SANFORD, FL 32771

Title: T/D (X) Change () Addition
Name: DEFALCO, JOSEPHINE
Address: 5433 W. S. R. 46, APT. 335
City-St-Zip: SANFORD, FL 32771

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: EVELYN TRACY

P/D

10/26/2009

Electronic Signature of Signing Officer or Director

Date