

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N06000003520

Entity Name: HERD PROGRAM, INC.

Current Principal Place of Business:

15749 CR 455
MONTVERDE, FL 34756

New Principal Place of Business:

11010 KEY LIME DRIVE
CLERMONT, FL 34711

Current Mailing Address:

15749 CR 455
MONTVERDE, FL 34756

New Mailing Address:

11010 KEY LIME DRIVE
CLERMONT, FL 34711

FEI Number: 20-4696342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, PATRICIA D
154749 CR 455
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

PERRY, BARBARA G
10643 DENALI DRIVE
CLERMONT, FL 34711 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: BARBARA G. PERRY

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULTON, PATRICIA D
Address: 154749 CR 455
City-St-Zip: MONTVERDE, FL 34756

Title: SVD () Delete
Name: ADAMS, NANCY J
Address: 154749 CR 455
City-St-Zip: MONTVERDE, FL 34756

Title: D () Delete
Name: STORM, HAROLD
Address: 154749 CR 455
City-St-Zip: MONTVERDE, FL 34756

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRY, BARBARA G
Address: 10643 DENALI DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VD (X) Change () Addition
Name: DUGGAR, BARBARA J
Address: 508 S. BLOXAM AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: TD (X) Change () Addition
Name: BLANKENSHIP, DENNIS
Address: 2544 SQUAW CREEK
City-St-Zip: CLERMONT, FL 34711

Title: SD () Change (X) Addition
Name: ROWE, KIRSTEN
Address: 16329 COOPERS HAWK AVENUE
City-St-Zip: CLERMONT, FL 34714

Title: D () Change (X) Addition
Name: COGLEY, BETTY J
Address: 9559 PASO FINO LANE
City-St-Zip: CLERMONT, FL 34711

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: BARBARA G. PERRY

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

Date