

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012486

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** HEART OF FLORIDA VETERANS CENTER INC.

**Current Principal Place of Business:**

4510 E. HINSON AVE.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

4510 E. HINSON AVE.  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

**Name and Address of New Registered Agent:**

MILLER, ELIZABETH  
4510 E. HINSON AVE.  
HAINES CITY, FL 33844 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: ELIZABETH MILLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOTCHKISS, JOHN  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: MILLER, JAMES  
Address: 4510 E. HINSON AVE.  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: LOPES, BEVERLY  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: RHOADES, REX  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: MILLER, ELIZABETH  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MURRAY, JOSEPH  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LEGGETT, KATHY  
Address: 4510 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

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: ELIZABETH MILLER

V

04/03/2008

Electronic Signature of Signing Officer or Director

Date