

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012486

FILED
Mar 31, 2009
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 ()**

Name and Address of Current Registered Agent:

MILLER, ELIZABETH
4510 E. HINSON AVE.
HAINES CITY, FL 33844 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: P () Delete
Name: MURRAY, JOSEPH
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: LEGGETT, KATHY
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: () 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: ELIZABETH MILLER

V

03/31/2009

Electronic Signature of Signing Officer or Director

Date