

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005615

FILED
Apr 27, 2009
Secretary of State

Entity Name: EVERYDAY HEROES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1785 HIGHLAND VIEW DR
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1785 HIGHLAND VIEW DR
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 65-1314722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCHING, MICHAEL
1785 HIGHLAND VIEW DR
ST AUGUSTINE, FL 32092 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: CONCHING, MICHAEL
Address: 1785 HIGHLAND VIEW DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP () Delete
Name: STORY, CLARKE
Address: 808 EAGLE POINT DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: T () Delete
Name: CONCHING, TASHA
Address: 1785 HIGHLAND VIEW DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S () Delete
Name: STORY, CHRIS
Address: 808 EAGLE POINT DR
City-St-Zip: ST AUGUSTINE, FL 32092

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:

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: TASHA CONCHING

T

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date