

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N07000005615

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