

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011589

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CULTIVATING, HEALING AND NURTURING CONNECTIONS EVERY SECOND, INC.

**Current Principal Place of Business:**

6833 LONG NEEDLE COURT  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

6833 LONG NEEDLE COURT  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 56-2663239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, ELLA D  
6833 LONG NEEDLE COURT  
ORLANDO, FL 32822 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: C ( ) Delete  
Name: SNELL, MARK  
Address: 14106 HARBOUR VISTA CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V ( ) Delete  
Name: STOCKDILL, TAMMY  
Address: 3407 LIGHTHOUSE COURT  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: SMITH, PRISCILLA  
Address: 7810 SILVERTREE TRAIL, APT 202  
City-St-Zip: ORLANDO, FL 32822

**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:

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: ELLA D. BUTLER

FOUN

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date