

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011876

FILED
Feb 05, 2008
Secretary of State

Entity Name: THE NEW ENGLAND HERITAGE FOUNDATION, INC.

Current Principal Place of Business:

3275 N.W. 49TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

3275 N.W. 49TH AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTELLE, DAVID ETHAN DR
3275 N.W. 49TH AVENUE
OCALA, FL 34482 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: PD () Delete
Name: MARTELLE, DAVID ETHAN DR
Address: P.O. BOX 771079
City-St-Zip: OCALA, FL 34477

Title: SD () Delete
Name: MARTELLE, DEBORAH ANN
Address: P.O. BOX 771079
City-St-Zip: OCALA, FL 34477

Title: D () Delete
Name: MAAZ, DEBBIE RN,BSN
Address: 51 MONTCALM ROAD
City-St-Zip: WARWICK, RI 02889

Title: VPD () Delete
Name: MAAZ, STEPHEN REV.
Address: 51 MONTCALM ROAD
City-St-Zip: WARWICK, RI 02889

Title: D () Delete
Name: YATES, HARRY DR
Address: P.O. BOX 78800
City-St-Zip: NASHVILLE, TN 37207

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: DAVID ETHAN MARTELLE

PD

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date