

# 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