2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2009
Secretary of State

DOCUMENT# N08000001965

Entity Name: ARTISTS HONORING HEROES, INC.

Current Principal Place of Business:

1179 BUTTONWOOD CIRCLE
ALTOMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1179 BUTTONWOOD CIRCLE
ALTOMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-2133005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLILAN, ROBERT
1179 BUTTONWOOD CIRCLE
ALTOMONTE SPRINGS, FL 32714 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: D ( ) Delete
Name: LEITH, KATHLEEN
Address: 2447 EAST LAKESHORE DRIVE
City-St-Zip: CROWN POINT, IN 46307

Title: D ( ) Delete
Name: GILLILAN, ROBERT
Address: 1179 BUTTONWOOD CIRCLE
City-St-Zip: ALTOMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: FOSTER, BOB
Address: 1164 BUTTONWOOD CIR
City-St-Zip: ALTOMOONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: FOSTER, KAREN
Address: 1164 BUTTONWOOD CIR
City-St-Zip: ALTOMOONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: REICHE, NANCY
Address: 531 VENTRIS COURT
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHELTON, JOHN
Address: 146 TOLLGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change ( ) Addition
Name: BRAUN, MARC
Address: 1164 BUTTONWOOD CIR
City-St-Zip: ALTOMOONTE SPRINGS, FL 32714

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: NANCY REICHE OFFI 08/14/2009

Electronic Signature of Signing Officer or Director Date