

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 17, 2009
Secretary of State**

DOCUMENT# N08000004381

Entity Name: AMERICAN HEROES CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

25716 STILL WELL PARKWAY
BONITA SPRINGS, FL 34135

New Principal Place of Business:

25716 STILL WELL PARKWAY
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

25716 STILL WELL PARKWAY
BONITA SPRINGS, FL 34135

New Mailing Address:

25716 STILL WELL PARKWAY
BONITA SPRINGS, FL 34135 US

FEI Number: 26-6353445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CURTIS CASSNER REGISTERED AGENT, LLC
4085 TAMIAMI TRAIL N B102
NAPLES, FL 34103 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: NORMANDIN, CHAUNCEY
Address: 25716 STILL WELL PARKWAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: LEWIS, ROBERT
Address: 2374 BUTTERFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: JOHNSON, DAVID
Address: 1146 VERNON PLACE
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD () Delete
Name: SMITH, THOMAS
Address: 1153 PALMETTO RIDGE DRIVE
City-St-Zip: NAPLES, FL 34110

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: CHAUNCEY E. NORMANDIN

PD

07/17/2009

Electronic Signature of Signing Officer or Director

_____ Date