

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010654

FILED
Apr 08, 2009
Secretary of State

Entity Name: HIS EDUCATIONAL LEGACY PROTECTION FUND, INC.

Current Principal Place of Business:

1109 UNDERWOOD DRIVE
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

1109 UNDERWOOD DRIVE
VENICE, FL 34292

New Mailing Address:

FEI Number: 26-3754390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEED, LLOYD A
1109 UNDERWOOD DRIVE
VENICE, FL 34292 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: DIR () Delete
Name: WEED, LLOYD A
Address: 1109 UNDERWOOD DRIVE
City-St-Zip: VENICE, FL 34292 US

Title: DIR () Delete
Name: WEED, DIANNE S
Address: 1109 UNDERWOOD DRIVE
City-St-Zip: VENICE, FL 34292

Title: DIR () Delete
Name: WEED, ASHLYN E
Address: 1109 UNDERWOOD DRIVE
City-St-Zip: VENICE, FL 34292

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: LLOYD WEED

DIR

04/08/2009

Electronic Signature of Signing Officer or Director

Date