

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003975

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: FAMILY HERITAGE HOUSE, INC.

## Current Principal Place of Business:

MANATEE COMMUNITY COL  
5840 26TH STREET W  
BRADENTON, FL 34207

## New Principal Place of Business:

## Current Mailing Address:

1310 61ST STREET NW  
BRADENTON, FL 34209

## New Mailing Address:

FEI Number: 65-0509048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNNETTE, EDWARDS  
3610 4TH AVE  
BRADENTON, FL 34208 US

## Name and Address of New Registered Agent:

LYNNETTE, EDWARDS  
3610 4TH AVE NE  
BRADENTON, FL 34208 US

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: LYNETTE EDWARDS

02/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWN, GWENDOLYN Y  
Address: 502 20TH ST. WEST  
City-St-Zip: PALMETTO, FL

Title: PD ( ) Delete  
Name: BROWN, FREDI  
Address: 1310 61ST ST. W.  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: ANDERSON, TOMMIE J  
Address: 510 21ST AVE. WEST  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: STEPHENS, DOTTIE  
Address: STATE ROAD 64 EAST  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: ROSEN, JOHN F DR  
Address: 313 SCOTT AVE  
City-St-Zip: SARASOTA, FL

Title: VT ( ) Delete  
Name: EDWARD, LYNETTE  
Address: 3610 4TH AVE NE  
City-St-Zip: BRADENTON, FL 34208

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BROWN, GWENDOLYN Y  
Address: 502 20TH ST. WEST  
City-St-Zip: PALMETTO, FL 34221

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

Title: D (X) Change ( ) Addition  
Name: ANDERSON, TOMMIE J  
Address: 510 21ST AVE. WEST  
City-St-Zip: BRADENTON, FL 34205

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: LYNETTE EDWARDS

VT

02/23/2009

Electronic Signature of Signing Officer or Director

Date