2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-19-2005 90381 046 ****51.25
05-23-2005 90008 031 ****10.00

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04052005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000002824

1. Entity Name
H.E.R.O.E.S., INC.

Principal Place of Business	Mailing Address
~~424 S 3RD STREET~~ ~~UNIT B~~ ~~JACKSONVILLE BEACH, FL 32250~~	PO BOX 49099 JACKSONVILLE BEACH, FL 32240

2. Principal Place of Business	3. Mailing Address
2444 Mayport Rd	
Suite, Apt. #, etc. #11	Suite, Apt. #, etc.
City & State Atlantic Beach	City & State
Zip 32233 Country DUVAL	Zip Country

4. FEI Number
59-3382916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORRELL, MARY C ESQ 2275 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIONIDES, CHRIS 47 11TH STREET ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CANDICE, MCCLELLAN 424 B THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALLEY, TRACY 424 B SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCELLO, RALPH 152 WATER OAK DR PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED FORSTER, CINDY ~~424 B SOUTH THIRD STREET~~ 2444 Mayport Rd #1 ~~JACKSONVILLE BEACH, FL 32250~~ Atlantic Beach, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR 2444 Mayport Road, #1 Atlantic Beach, FL 32233	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy Forster Executive Director 904/247-1484
SIGNATURE AND THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #