

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004627

FILED  
Jan 17, 2004  
Secretary of State

**Entity Name:** THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANCEMENT, INC.

**Current Principal Place of Business:**

6189 WINTER GARDEN/ VAILAND ROAD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

1931 LOCH BERRY ROAD  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 293  
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number:** 59-3463132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, THOMAS R ESQ.  
14 E WASHINGTON STREET STE 600  
ORLANDO, FL 32801

**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: BEATTY, DANIEL A  
Address: 4372 WILLOW PARK DR  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: SPANGLER, PORTER  
Address: P.O BOX 3072  
City-St-Zip: WINTER PARK, FL 32790

Title: MD ( ) Delete  
Name: ROBERTS, PHILLIP E  
Address: 9 NORTH HYER AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete  
Name: SHULER, JAMES  
Address: 7548 MUNICIPAL DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: SPANGLER, PORTER  
Address: P.O BOX 3022  
City-St-Zip: WINTER PARK, FL 32790

Title: D (X) Change ( ) Addition  
Name: ROBERTS, PHILLIP E  
Address: 9 NORTH HYER AVE  
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D. PORTER SPANGLER

CD

01/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date