

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2005
Secretary of State**

DOCUMENT# N97000004627

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

Current Principal Place of Business:

1931 LOCH BERRY ROAD
WINTER PARK, FL 32792

New Principal Place of Business:

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 ()**
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:

ALLEN, THOMAS R ESQ.
14 E WASHINGTON STREET STE 600
ORLANDO, FL 32801 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: D () Delete
Name: BEATTY, DANIEL A
Address: 4372 WILLOW PARK DR
City-St-Zip: ORLANDO, FL 32835

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SPANGLER, JOHN E
Address: 5123 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

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

07/03/2005

Electronic Signature of Signing Officer or Director

_____ Date