2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2004
Secretary of State

DOCUMENT# N98000001015

Entity Name: HERITAGE FAMILY PRESERVATION CENTER, INC.

Current Principal Place of Business:

4823 SILVER STAR ROAD
SUITE 110
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4823 SILVER STAR ROAD
SUITE 110
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3447088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLE, GERTRUDE S
4908 CENTER LANE
ORLANDO, FL 32808 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:	COB	( ) Delete
Name:	SCOTT, ALTON	
Address:	7825 BRIARLYN COURT	
City-St-Zip:	ORLANDO, FL 32819	
Title:	VC	( ) Delete
Name:	POOLE, WILLIE C REV.	
Address:	4908 CENTER LANE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	RC	( ) Delete
Name:	SHERVINGTON, LENITA R	
Address:	6508 ABBEYDALE COURT	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	FATILA, TAMRA L	
Address:	531 W. COMSTOCK AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	WHITE, GLORIA L	
Address:	1226 TWIN CONE COURT	
City-St-Zip:	ORLANDO, FL 32822	
Title:	ED	( ) Delete
Name:	POOLE, GERTRUDE S	
Address:	4908 CENTER LANE	
City-St-Zip:	ORLANDO, FL 32808	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	JACKSON-MOORE, JEAN	
Address:	1464 MAGELLAN CIRCLE	
City-St-Zip:	ORLANDO, FL 32818	
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: GERTRUDE S. POOLE MRS 10/26/2004

Electronic Signature of Signing Officer or Director — Date