

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001015

FILED
Jun 28, 2005
Secretary of State

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:

4823 SILVER STAR ROAD
SUITE 160
ORLANDO, FL 32808 US

Current Mailing Address:

4823 SILVER STAR ROAD
SUITE 110
ORLANDO, FL 32808

New Mailing Address:

4823 SILVER STAR ROAD
SUITE 160
ORLANDO, FL 32808 US

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

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: JACKSON-MOORE, JEAN
Address: 1464 MAGELLAN CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: ED () Delete
Name: POOLE, GERTRUDE S
Address: 4908 CENTER LANE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: SCOTT, ALTON
Address: 1040 WINDGROVE TRAIL
City-St-Zip: MAITLAND, FL 32751

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: TURNAGE, BARBARA DR.
Address: 1649 RIVER BIRCH DRIVE
City-St-Zip: OVIEDO, FL 32765

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 SMITH POOLE

CEO

06/28/2005

Electronic Signature of Signing Officer or Director

Date