

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001015

FILED
Nov 04, 2008
Secretary of State

Entity Name: HERITAGE FAMILY PRESERVATION CENTER, INC.

Current Principal Place of Business:

4823 SILVER STAR ROAD
SUITE 160
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

4823 SILVER STAR ROAD
SUITE 160
ORLANDO, FL 32808 US

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: GERTRUDE S. POOLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: SHERVINGTON, LENITA R
Address: 6508 ABBEYDALE COURT
City-St-Zip: ORLANDO, FL 32818

Title: VC () Delete
Name: POOLE, WILLIE C REV.
Address: 4908 CENTER LANE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WRIGHT, CASSANDRA S
Address: 3076 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: JOANN, HARDY
Address: 3626 TURNINGWIND LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: FLORENCE, PHYLLIS
Address: 5290 CHAKANOTOSA CIRCLE
City-St-Zip: ORLANDO, FL 32818

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: WRIGHT, CASSANDRA S
Address: 703 S. WILSON AVENUE, SUITE 101
City-St-Zip: COCOA, FL 32922

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

Title: D (X) Change () Addition
Name: RIGELL, TODD ELDER
Address: 1513 N. OLEANDER AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: DANIEL, WILLIE P
Address: 7443 BAY
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: RIGELL, DEBORAH
Address: 1513 N. OLEANDER AVENUE
City-St-Zip: SANFORD, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

CEO

11/04/2008

Electronic Signature of Signing Officer or Director

Date