

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001015

FILED
Apr 28, 2009
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: () 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

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date