

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001933

FILED
Mar 06, 2007
Secretary of State

Entity Name: HEALING THE CHILDREN-FLORIDA, INC.

Current Principal Place of Business:

P. O. BOX 354235
PALM COAST, FL 32135

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 354235
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3503974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYDORN, TINA M
312 STANLEY BELL DR.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

RHODENBECK, ARLENE M
25156 CELESTIAL STREET
CHRISTMAS, FL 32709 US

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: ARLENE RHODENBECK

03/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HOLT, LISA A
Address: 200 WEST 15TH STREET
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: GLICK, ANGELES
Address: 4 WALDRON PLACE
City-St-Zip: PALM COAST, FL 32164

Title: TD () Delete
Name: GLICK, ARTHUR
Address: 4 WALDRON PLACE
City-St-Zip: PALM COAST, FL 32164

Title: SD () Delete
Name: HEYDORN, TINA M
Address: 312 STANLEY BELL DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUBILLOS, LUIS F
Address: 19184 CLOYSTER LAKE LANE
City-St-Zip: BOCA RATON, FL 32498

Title: VP (X) Change () Addition
Name: GLICK, ANGELES
Address: 65 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: TD (X) Change () Addition
Name: GLICK, ARTHUR
Address: 65 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: SB (X) Change () Addition
Name: NEGRON, BILL
Address: 459 SOUTH GRANT STREET
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELES GLICK

VP

03/06/2007

Electronic Signature of Signing Officer or Director

Date