


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 010 ****61.25

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| DOCUMENT # N98000004621 | |  |
| 1. Entity Name GREEN LEAF VILLAGE OF HERITAGE SPRINGS, INC. | | |

40036017



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| Principal Place of Business 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689 US | Mailing Address 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02192007 Chg-NP CR2E037 (12/06)

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|-----------------------------|--|
| 4. FEI Number 59-3573375 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RANALLO, JIM 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|--|

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| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD RAYNARD, FLOYD 1249 ARMONDWOOD DR NEW PORT RICHEY, FL 34655 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WIXTEAD, JIM 1248 ALMONDWOOD DR NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CALDERNEAD, BOB 1249 ALMONDNON DR. NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD MORRIS, JACK 1136 ARMONDWOOD DR NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Wixtead **JAMES T. WIXTEAD** Feb 21, 07 727-938-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #