

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 10, 2007  
Secretary of State**

DOCUMENT# N01000005697

Entity Name: THE WILLING HEARTS, INC.

**Current Principal Place of Business:**

206 MIDWAY ROAD  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 831903  
OCALA, FL 344831903

**New Mailing Address:**

FEI Number: 59-3740295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

DELCAMP, JOHN L  
206 MIDWAY ROAD  
OCALA, FL 34472      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: PD      ( ) Delete  
Name: DELCAMP, JOHN L  
Address: P.O. BOX 831903  
City-St-Zip: Ocala, FL 344831903

Title: STD      ( ) Delete  
Name: DELCAMP, SHERYL E.F.  
Address: P.O. BOX 831903  
City-St-Zip: Ocala, FL 344831903

Title: VD      (X) Delete  
Name: SULLIVAN, JANNA  
Address: P.O. BOX 831903  
City-St-Zip: Ocala, FL 344831903

**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:

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: JOHN DELCAMP

PD

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date