

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morben
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/30/95--01024--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091058 (5)

1. Corporation Name

OPENING YOUR HEART, INC.

Principal Place of Business

17566 ISLAND INLET CT
FT MYERS FL 33908

Mailing Address

17566 ISLAND INLET CT
FT MYERS FL 33908

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

2a. Mailing Address

26

Suite Apt # etc

27

City & State

28

4. FET Number

65-05476661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Total Corporation Fees Liability for 1995 (See Section 607.050, Florida Statutes)

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HOLLETT, PATRICIA
17566 ISLAND INLET
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.050, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the corporation

Signature of the person named as registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P.S.
Patricia Hollett
17566 Island Inlet
FT MYERS FL 33908

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
Elaine Belling
1214 Flamingo Drive
Cape Coral FL 33914

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.050(8), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or the block 13 of a change, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-26-95

1013-481-4879