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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:15

DOCUMENT # 764143

(4)

1. Corporation Name

FOR HATTI, WITH LOVE, INC.

Principal Place of Business

4767 SIMCOE ST
PALM HARBOR FL 34683-9129

Mailing Address

4767 SIMCOE ST
PALM HARBOR FL 34683-9129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2281665

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR FL 34683

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

DEHART, DONALD

STREET ADDRESS

4767 SIMCOE ST

CITY-ST-ZIP

PALM HARBOR, FL 00000

TITLE

D

NAME

MOONEY, M.D., JOHN P.

STREET ADDRESS

6200 FITZGERALD RD.

CITY-ST-ZIP

TAMPA FL

TITLE

STD

NAME

DEHART, EVA

STREET ADDRESS

4767 SIMCOE ST

CITY-ST-ZIP

PALM HARBOR, FL 00000

TITLE

D

NAME

MURRAY, MYRTLE

STREET ADDRESS

2815 QUAIL HOLLOW RD E

CITY-ST-ZIP

CLEARWATER FL

TITLE

D

NAME

ARTHURS, MALCOLM R.

STREET ADDRESS

7 MANSTON GARDENS

CITY-ST-ZIP

LEEDS, ENGLAND

TITLE

D

NAME

JUNGERBERG,

STREET ADDRESS

212 S. MANHATTAN

CITY-ST-ZIP

TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D.
WELCH, REV SCOTT
2962 KENILWICH DR N.
CLEARWATER FL 34621-3316

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-95

938-3245