

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003442

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: TAKE HEART, INC.

**Current Principal Place of Business:**

P.O. BOX 110203  
NAPLES, FL 34107 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110203  
NAPLES, FL 34107 US

**New Mailing Address:**

FEI Number: 59-5920811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEIGER, ANGELA H  
817 PALM VIEW DR  
NAPLES, FL 34110 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: D ( ) Delete  
Name: GEIGER, ANGELA H  
Address: 817 PALM VIEW DR  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: ERMERT, JUDY A  
Address: 1610 PINEY GROVE ROAD  
City-St-Zip: LOGANVILLE, GA 30052

Title: T ( ) Delete  
Name: RYAN, NANCY  
Address: 1820 FL. CLUB CR. #2207  
City-St-Zip: NAPLES, FL 34112

**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 for the exemption stated in Section 119.07(3)(i), 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: ANGELA GEIGER

D

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date