

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000564

**Entity Name:** OPERATION HEART F.E.L.T. FOUNDATION, INC.**Current Principal Place of Business:**9948 DOMINGO DRIVE  
BROOKSVILLE, FL 34601**Current Mailing Address:**P.O.BOX 1682  
BROOKSVILLE, FL 34605**FEI Number: 27-1699626****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANNEMILLER, DIANE  
520 COLONIAL DRIVE  
BROOKSVILLE, FL 34601 US*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**Officer/Director Detail :**

Title	TREASURER
Name	DANNEMILLER, DIANE M
Address	520 COLONIAL DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	OPERATION DIRECTOR
Name	WINSTEAD, PAMELA J
Address	9092 REDBIRD LANE
City-State-Zip:	BROOKSVILLE FL 34601

Title	SECRETARY
Name	HEALIS, DANIELLE
Address	9947 DOMINGO DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	DIR
Name	HEALIS, WILLIAM
Address	9947 DOMINGO DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	CO-CHAIRMAN
Name	STEPBACH, PATTIE
Address	9948 DOMINGO DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	CO-CHAIRMAN
Name	GARRETT, RICHARD
Address	3435 ROSEBAY CT
City-State-Zip:	SPRING HILL FL 34609

*I hereby 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 all other like empowered.*

**SIGNATURE: DIANE DANNEMILLER****TREASURER****01/14/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date