

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

DOCUMENT# N11000001123

**Entity Name:** HEART TO HEART COMMUNITY DEVELOPMENT  
CORPORATION I, INC**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC9145409670****Current Principal Place of Business:**439 SE PORT SAINT LUCIE BLVD  
SUITE 101  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2256 SW NEWPORT ISLES BLVD  
PORT SAINT LUCIE, FL 34953 US**FEI Number: 20-4906851****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUKES, MICHELLE B  
2574 SW CHESTNUT LANE  
PORT SAINT LUCIE, FL 34953 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	CEO
Name	DUKES, CLAUDE JR
Address	2574 SW CHESTNUT LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	PD
Name	DUKES, MICHELLE B
Address	2256 SW NEWPORT ISLES BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	GILES, QUINCEY
Address	4841 NW 17TH STREET
City-State-Zip:	LAUDERHILL FL 33313

Title	VP
Name	UPPERDITE, ROBNET
Address	4301 NW 45TH TERRACE
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	S
Name	FARRO-GRAHAM, ANDREA C
Address	586 SW LAKEHURST DRIVE
City-State-Zip:	PORT SAINT FL 34983

*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: MICHELLE DUKES****PD****05/01/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date