2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2022
Secretary of State
1556533536CC

DOCUMENT# N11000003778

Entity Name: A MOTHER'S HURTING HEART, INC.

Current Principal Place of Business:

785 NW 116TH STREET
MIAMI, FL 33168

Current Mailing Address:

785 NW 116TH STREET
MIAMI, FL 33168 US

FEI Number: 45-1568562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRINGER, TANAKA
785 NW 116TH STREET
MIAMI, FL 33168 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, / CHAIRMAN/ DIRECTOR
Name	STRINGER, TANAKA
Address	785 NW 116TH STREET
City-State-Zip:	MIAMI FL 33168

Title	ASST. TREASURER
Name	HERNANDEZ, BRIANA
Address	2310 NW 152ND TERRACE
City-State-Zip:	OPALOCKA FL 33054

Title	SECRETARY
Name	JOHNSON, LATEAVA
Address	PO BOX 610815
City-State-Zip:	NORTH MIAMI FL 33261

Title	OFFICER
Name	MICHAELS, TODD J. ESQ.
Address	330 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	VC, / PRESIDENT
Name	CHARLES, AKIL
Address	16311 NW 37TH PLACE
City-State-Zip:	MIAMI FL 33054

Title	VP
Name	HICKS, CLARENCE
Address	785 NW 116 ST
City-State-Zip:	MIAMI FL 33168

Title	TREASURER
Name	JACOBS, LATOYA
Address	6600 NW 27TH AVENUE
City-State-Zip:	MIAMI FL 33147

Title	CORRESPONDING SECRETARY
Name	CAMPBELL, MONICA
Address	16311 NW 37TH PLACE
City-State-Zip:	OPA LOCKA FL 33054

Continues on page 2

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: TANAKA STRINGER 04/16/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	LEE, RAYMOND
Address	785 NW 116TH STREET
City-State-Zip:	MIAMI FL 33168

Title	OFFICER
Name	WILLIAMS, PATRICIA
Address	3240 NW 171ST TERRACE
City-State-Zip:	MIAMI FL 33056