

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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	P
Name	STRINGER, TANAKA
Address	785 NW 116TH STREET
City-State-Zip:	MIAMI FL 33168
Title	T
Name	GRIFFIN, LATORI
Address	3112 SW 62TH WAY B.
City-State-Zip:	GAINESVILLE FL 32608
Title	S
Name	JOHNSON, LATEAVA
Address	PO BOX 610815
City-State-Zip:	NORTH MIAMI FL 33261
Title	M
Name	MICHAELS, TODD J. ESQ.
Address	330 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	CHARLES, AKIL
Address	16311 NW 37TH PLACE
City-State-Zip:	MIAMI FL 33054
Title	M
Name	HICKS, CLARENCE
Address	785 NW 116 ST
City-State-Zip:	MIAMI FL 33168
Title	M, TREASURER
Name	WILLIAMS, PATRICIA
Address	3240 NW 171ST TERRACE #3
City-State-Zip:	MIAMI FL 33056
Title	CORRESPONDING SECRETARY
Name	CAMPBELL, MONICA
Address	16311 NW 37TH PLACE
City-State-Zip:	OPA LOCKA FL 33054

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**PRESIDENT****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date