

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007690

**Entity Name:** A.E.M. FOR THE HEART INC.

**Current Principal Place of Business:**

114 N. FEDERAL HIGHWAY  
LAKE PARK, FL 33403

**Current Mailing Address:**

527 E. REDWOOD DR.  
LAKE PARK, FL 33403

**FEI Number:** 80-0682293

**Certificate of Status Desired:** Yes

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

ENGLISH, ANGELA DENISE  
527 E. REDWOOD DR.  
LAKE PARK, FL 33403 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:** ANGELA DENISE ENGLISH

03/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, PASTOR  
Name            ENGLISH, ANGELA DENISE  
Address        527 E REDWOOD DR.  
City-State-Zip: LAKE PARK FL 33403

Title            VP, MISSIONARY  
Name            PITTER, CHARMAINE  
Address        2309 AVE. Z  
City-State-Zip: RIVIERA BEACH FL 33404

Title            TREASURER  
Name            ENGLISH, GERALD A.  
Address        527 E. REDWOOD DR.  
City-State-Zip: LAKE PARK FL 33403

Title            AUTHORIZED REPRESENTATIVES  
Name            HOGAN, BURT R.  
Address        13707 S.E. RANCLAND AVE.  
City-State-Zip: HOPE SOUND FL 33455

Title            GENERAL ADVISORY BOARD (GAB)  
Name            ROBINSON, DEBORAH A.  
Address        333 FORESTERIA DR  
City-State-Zip: LAKE PARK FL 33403

Title            GENERAL ADVISORY BOARD (GAB)  
Name            KING, KAY  
Address        616 HIGHWAY  
                  2 LOT 7A  
City-State-Zip: STERLINGTON LA 71280

Title            AUTHORIZED REPRESENTATIVE  
Name            ADORNA, LISETTE  
Address        5293 ROBBIE COURT  
City-State-Zip: WEST PALM BEACH FL 33415

Title            GENERAL ADVISORY BOARD (GAB) &  
                  HEAD INTERCESSOR  
Name            GARVY, SUSAN  
Address        4720 KANE PLACE  
City-State-Zip: JUPITER FL 33458

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*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:** ANGELA ENGLISH

**PRESIDENT**

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ADMINISTRATIVE / SECRETARY  
Name WOJCIECHOWSKI, STACEY  
Address 5550 SOUTH 37TH COURT  
City-State-Zip: GREENACRES FL 33463

Title ASSISTANT ADMINISTER /  
MARKETING MANAGER  
Name LISA , MORALES  
Address 114 N. FEDERAL HWY.  
City-State-Zip: LAKE PARK FL 33403