

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011892

**FILED  
Apr 11, 2017  
Secretary of State  
CC0024502011**

**Entity Name:** JEREMY BUTLER'S 1HEART FOUNDATION, INC.

**Current Principal Place of Business:**

2021 NORTH LEMANS BLVD  
UNIT 1323  
TAMPA, FL 33607

**Current Mailing Address:**

2021 NORTH LEMANS BLVD  
UNIT 1323  
TAMPA, FL 33607 US

**FEI Number:** 81-4692830

**Certificate of Status Desired:** No

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

BUTLER, JEREMY  
2021 NORTH LEMANS BLVD  
UNIT 1323  
TAMPA, FL 33607 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 BUTLER, JEREMY  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

Title VP  
Name BUTLER, DANYELLE  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

Title DOP  
Name LEWIS, MICHELLE  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

Title D  
Name CLARK, REGGIE  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

Title SEC  
Name HUGHES, TIARRA  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

Title D  
Name HUGHES, TIKERRA  
Address 2021 NORTH LEMANS BLVD  
UNIT 1323  
City-State-Zip: TAMPA FL 33607

*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:** JEREMY BUTLER

**PRESIDENT**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date