

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90035 009 ****70.00

DOCUMENT # 720463

1. Entity Name
HEARTBEAT, INC.



Principal Place of Business

**162 FAIRWAY HILLS
P.O. BOX 228
WAYNESVILLE, NC 28786 US**

Mailing Address

**162 FAIRWAY HILLS
P. O. BOX 228
WAYNESVILLE, NC 28786 US**

40045054



03182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TYLER, SARAH
301E CAROLINA ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PURVIS, SUSAN H.
STREET ADDRESS	162 FAIRWAY HILLS
CITY-ST-ZIP	WAYNESVILLE, NC
TITLE	VD
NAME	PURVIS, THOMAS G.
STREET ADDRESS	162 FAIRWAY HILLS
CITY-ST-ZIP	WAYNESVILLE, NC
TITLE	PD
NAME	PURVIS, NANCY P
STREET ADDRESS	162 FAIRWAY HILLS
CITY-ST-ZIP	WAYNESVILLE, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Purvis **THOMAS G. PURVIS Vice President** 3/19/07 828-456-3628

Date

Daytime Phone #