

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 021 ****70.00

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1. Entity Name

HEART TO HEART ADOPTION SERVICE, INC.



Principal Place of Business

2940 FONTANA PL.
WEST PALM BEACH FL 33411

Mailing Address

2940 FONTANA PL.
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3640395

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYNN, LINDA R
2940 FONTANA PL
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN-MORALES, LISA	
STREET ADDRESS	4810 SW 170TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 23331	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZO, JOSEPH	
STREET ADDRESS	336 SOUTH CRANBROOK CROSS RD.	
CITY-ST-ZIP	BLOOMFIELD MI 48301	
TITLE	P	<input type="checkbox"/> Delete
NAME	YON, RICHARD	
STREET ADDRESS	11210 HARBOUR SPRINGS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELA RIVA, CIO	
STREET ADDRESS	15 ARON COURT	
CITY-ST-ZIP	NEW HEMPSTEAD NY 10977	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE BAUER	
STREET ADDRESS	603 PHEASANT WOODS RD.	
CITY-ST-ZIP	BRIARCLIFF MANOR, NY 10510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David F. Wynn* **DAVID F. WYNN, ASSOCIATE DIRECTOR 1/20/05 561-383-8590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #