2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90046 008 ****70.00

DOCUMENT # F03000006145

1. Entity Name

HEART TO HEART ADOPTION SERVICE, INC.

Principal Place of Business	Mailing Address
2940 FONTANA PL. WEST PALM BEACH FL 33411	2940 FONTANA PL. WEST PALM BEACH FL 33411

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10720 SANTA LAGUNA DR.	10720 SANTA LAGUNA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

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: WYNN, LINDA R
Street Address (P.O. Box Number is Not Acceptable): 10720 SANTA LAGUNA DR
City: BOCA RATON FL Zip Code: 33428

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: LINDA R. WYNN, EXECUTIVE DIRECTOR — 1-30-08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN-MORALES, LISA 4810 SW 170TH AVE. S.W. RANCHES FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOZO, JOSEPH 336 SOUTH CRANBROOK CROSS RD. BLOOMFIELD MI 48301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YON, RICHARD 700 S.W. 62ND BLVD. APT C-30 GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DELA RIVA, CIO 15 ARON COURT NEW HEMPSTEAD NY 10977	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, LAURIE 603 PHEASANT WOODS ROAD BRIARCLIFF MANOR NY 10510	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT BAUER, LAURIE 603 PHEASANT WOODS RD BRIARCLIFF MANOR, NY 10510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEAVER, TIM 840 ARTHUR ST MENASHA WI 54952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: President of Board of Directors 2/4/08 561-7151066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #