

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006145

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** HEART TO HEART ADOPTION SERVICE, INC.

**Current Principal Place of Business:**

10720 SANTA LAGUNA DR  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

10720 SANTA LAGUNA DR  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 04-3640395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WYNN, LINDA R  
10720 SANTA LAGUNA DR  
BOCA RATON, FL 33428 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SULLIVAN-MORALES, LISA  
Address: 4810 SW 170TH AVE.  
City-St-Zip: S.W. RANCHES, FL 33331

Title: D ( ) Delete  
Name: KOZO, JOSEPH  
Address: 336 SOUTH CRANBROOK CROSS RD.  
City-St-Zip: BLOOMFIELD, MI 48301

Title: P ( ) Delete  
Name: YON, RICHARD  
Address: 700 S.W. 62ND BLVD. APT C-30  
City-St-Zip: GAINESVILLE, FL 32607

Title: ST ( ) Delete  
Name: DELA RIVA, CIO  
Address: 15 ARON COURT  
City-St-Zip: NEW HEMPSTEAD, NY 10977

Title: VP ( ) Delete  
Name: BAUER, LAURIE  
Address: 603 PHEASANT WOODS ROAD  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: D ( ) Delete  
Name: SEAVER, TIM  
Address: 840 ARTHUR ST  
City-St-Zip: MENASHA, WI 54952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD YON

PRES

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date