

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

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90237 007 \*\*\*\*61.25

DOCUMENT # *N 000000 55087*

1. Entity Name

*Heart For Children Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1429 Winthrop St*

Suite, Apt. #, etc.

3. Mailing Address

*PO Box 43234*

Suite, Apt. #, etc.

City & State

*Jacksonville Florida*

City & State

*Jacksonville Florida*

Zip

*32206*

Country

*Duval*

Zip

*32203-3234*

Country

*Duval*

4. FEI Number

*593675115*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Heart For Children Inc.*

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

*1429 Winthrop St.*

City

*Jacksonville*

FL

Zip Code

*32203*

**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

*Joyce Brinson*

*Joyce Brinson*

*4/25/07*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

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 *Director*  
NAME *Joyce Brinson*  
STREET ADDRESS *1747 Thelma St.*  
CITY-ST-ZIP *Jacksonville, Florida 32204*

TITLE *Secretary*  
NAME *Shelley Tarbox*  
STREET ADDRESS *1429 Winthrop St*  
CITY-ST-ZIP *Jacksonville, FL 32206*

TITLE *Treasurer*  
NAME *Joseph Brinson Jr.*  
STREET ADDRESS *1429 Winthrop St*  
CITY-ST-ZIP *Jacksonville, FL 32206*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce Brinson* *Joyce Brinson*

*4/25/07*