


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000005508</b> 1. Entity Name <b>HEART FOR CHILDREN, INC.</b>	
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Principal Place of Business <b>1429 WINTHROP ST JACKSONVILLE, FL 32206</b>	Mailing Address <b>PO BOX 43234 JACKSONVILLE, FL 32203-3238</b>
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3675115</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRINSON, JOYCE  
1429 WINTHROP ST  
JACKSONVILLE, FL 32206**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TARBOX, SHELLEY 1429 WINTHROP ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINSON, JOYCE 1747 THELMA STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRINSON, JOSEPH JR. 1747 THELMA STREET JACKSONVILLE, FL 32206
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05/13/08-80041-005 61.25

**DO NOT WRITE  
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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:  Date 4/21/08 Daytime Phone # \_\_\_\_\_