

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005697

1. Entity Name
THE WILLING HEARTS, INC.



Principal Place of Business
206 MIDWAY ROAD
OCALA, FL 34472

Mailing Address
P.O. BOX 831903
OCALA, FL 34483-1903



07102006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3740295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELCAMP, JOHN L
206 MIDWAY ROAD
OCALA, FL 34472

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000569615
07/12/06-80006-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELCAMP, JOHN L P.O. BOX 831903 OCALA, FL 344831903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELCAMP, SHERYL E.F. P.O. BOX 831903 OCALA, FL 344831903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, JANNA P.O. BOX 831903 OCALA, FL 344831903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JOHN DELCAMP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06
Date

352-578-0614
Daytime Phone #