

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 018 ****61.25

DOCUMENT # N01000005697

1. Entity Name

THE WILLING HEARTS, INC.



Principal Place of Business

3979 SW 147 LN RD
OCALA FL 34473

Mailing Address

3979 SW 147 LN RD
OCALA FL 34473

2. Principal Place of Business

206 Midway Road

Suite, Apt. #, etc.

Ocala, FL

City & State

3. Mailing Address

Post Office Box 831903

Suite, Apt. #, etc.

Ocala, FL

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3740295**

Applied For

Not Applicable

Zip
34472

Country
USA

Zip
34483-1903

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELCAMP, JOHN L
3979 SW 147 LN RD
OCALA FL 34473

7. Name and Address of New Registered Agent

Name **John L. Delcamp**

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

206 Midway Road

City **Ocala**

FL

Zip Code
34472

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 **JOHN L. DELCAMP**

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

(NOTE: Registered Agent signature required when reinstating)

5/6/03
DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **DELCAMP, JOHN L**
STREET ADDRESS **3979 SW 147 LN RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **STD** ☐ Delete
NAME **DELCAMP, SHERYL E.F.**
STREET ADDRESS **3979 SW 147 LN RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **VD** ☐ Delete
NAME **SULLIVAN, JANNA**
STREET ADDRESS **3979 SW 147 LN RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Post office Box 831903**
STREET ADDRESS **Ocala, FL 34483-1903**

TITLE ☒ Change ☐ Addition
NAME **Post office Box 831903**
STREET ADDRESS **Ocala, FL 34483-1903**

TITLE ☒ Change ☐ Addition
NAME **Post office Box 831903**
STREET ADDRESS **Ocala, FL 34483-1903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN L. DELCAMP**

5/6/03 352/598-0614

CR2E037 (10/02)