


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000008604 1. Entity Name THREE OF HEARTS FOUNDATION, INC.	
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Principal Place of Business 1225 CHENILLE CIRCLE WESTON, FL 33327	Mailing Address 1225 CHENILLE CIRCLE WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 55-0808896	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  METER, DONNA M 1225 CHENILLE CIRCLE WESTON, FL 33327
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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 <u>Donna M. Meter President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/23/04</u>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METER, DONNA 1225 CHENILLE CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNIGHT, DLANE 2350 LIME ROCK ROAD VESTAVIA HILLS, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD HERRERO, VIVIAN 17936 TIMBER VIEW STREET TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULLEN, KIM 2719 N.E. 19TH STREET FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRONG, KIMBERLY D 16071 S.W. 49TH COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000012598  
01/26/04-80016-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Donna M. Meter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/23/04</u> DAYLINE PHONE # <u>9542172023</u>