

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008604

FILED
Feb 11, 2009
Secretary of State

Entity Name: THREE OF HEARTS FOUNDATION, INC.

Current Principal Place of Business:

1225 CHENILLE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1225 CHENILLE CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 55-0808896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METER, DONNA M
1225 CHENILLE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: METER, DONNA
Address: 1225 CHENILLE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VPD () Delete
Name: KNIGHT, DIANE
Address: 2350 LIME ROCK ROAD
City-St-Zip: VESTAVIA HILLS, AL 35216

Title: SD () Delete
Name: HERRERO, VIVIAN
Address: 17936 TIMBER VIEW STREET
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: STRONG, KIMBERLY D
Address: 16071 S.W. 49TH COURT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERRERO, VIVIAN
Address: PO BOX 581
City-St-Zip: HEWITT, TX 76643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA METER

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date