

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/31

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-03-2004 90005 017 ****61.25

DOCUMENT # N03000007107

1. Entity Name

FROM OUR HEARTS, INC.



Principal Place of Business

4112 NW 11TH STREET
CAPE CORAL FL 33993

Mailing Address

4112 NW 11TH STREET
CAPE CORAL FL 33993

66433880



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3604 RUBY AVE.

3. Mailing Address

3604 RUBY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAINT JAMES, CITY, FL

City & State

SAINT JAMES CITY, FL

4. FEI Number

16-1683119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELDER, ROBERT V.
3604 RUBY AVENUE
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Robert V. Elder
Signature, typed or printed name of registered agent and title if applicable

ROBERT V. ELDER (TREAS.)

7-29-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	D	☐ Delete
NAME	PERRY, DENNIS	
STREET ADDRESS	4112 NW 11TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	D	☐ Delete
NAME	ELDR, TONYA	
STREET ADDRESS	3604 RUBY AVENUE	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	D	☐ Delete
NAME	SCOTT, EARL	
STREET ADDRESS	3491 SEA HOLLY LANE	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	D	☒ Delete
NAME	JARDINE, RAYMOND	
STREET ADDRESS	3871 STABILE ROAD	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
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	PRES.	☐ Change ☒ Addition
NAME	MARCIA PERRY, MARCIA	
STREET ADDRESS	4112 N.W. 11TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VICE PRES.	☐ Change ☒ Addition
NAME	JARDINE, MARY	
STREET ADDRESS	3871 STABILE ROAD	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	SEC.	☐ Change ☒ Addition
NAME	SCOTT, MARY	
STREET ADDRESS	3491 SEA HOLLY LANE	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	TREAS.	☐ Change ☒ Addition
NAME	ELDER, ROBERT V.	
STREET ADDRESS	3604 RUBY AVE.	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	DIR.	☐ Change ☒ Addition
NAME	HOLLWAY, J.D.	
STREET ADDRESS	2131 ORLANDER ST.	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
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:

Robert V. Elder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT V. ELDER
TREAS.

7-29-04 (239) 283-2870

Date

Daytime Phone #