

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007107**

1. Entity Name

FROM OUR HEARTS, INC.



Principal Place of Business

3604 RUBY AVE  
SAINT JAMES CITY FL 33956

Mailing Address

3604 RUBY AVE  
SAINT JAMES CITY FL 33956



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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

*[Signature]*

4-09-08

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

(NOTE: Registered Agent signature is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 ☐ Delete  
NAME D  
STREET ADDRESS PERRY, DENNIS  
CITY- ST- ZIP 4112 NW 11TH STREET  
CAPE CORAL FL 33993

TITLE ☐ Delete  
NAME V  
STREET ADDRESS ELDER, TONYA  
CITY- ST- ZIP 3604 RUBY AVENUE  
ST. JAMES CITY FL 33956

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DEMRYERE, GUYLYN  
CITY- ST- ZIP 2287 SYCAMORE ST  
SAINT JAMES CITY FL 33956

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ELDER, ROBERT V  
CITY- ST- ZIP 3604 RUBY AVE  
ST. JAMES CITY FL 33956

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PERRY, MARCIA  
CITY- ST- ZIP 4112 NW 11TH STREET  
CAPE CORAL FL 33993

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000892477  
04/23/08-86062-023 61.25

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

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 exemptions contained in Section 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:

*[Signature]*

4-09-08

259-281-2000