

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007107

FILED
Mar 18, 2009
Secretary of State

Entity Name: FROM OUR HEARTS, INC.

Current Principal Place of Business:

3604 RUBY AVE
SAINT JAMES CITY, FL 33956

New Principal Place of Business:

4112 NW 11TH STREET
CAPE CORAL, FL 33993

Current Mailing Address:

3604 RUBY AVE
SAINT JAMES CITY, FL 33956

New Mailing Address:

4112 NW 11TH STREET
CAPE CORAL, FL 33993

FEI Number: 16-1683119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SELF-PERRY, MARCIA
4112 NW 11TH STREET
CAPE CORAL, FL 33993 US

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: MARCIA SELF-PERRY

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRY, DENNIS
Address: 4112 NW 11TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: V () Delete
Name: ELDER, TONYA
Address: 3604 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: S () Delete
Name: DEMRYERE, GUYLYN
Address: 2287 SYCAMORE ST
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: ELDER, ROBERT V
Address: 3604 RUBY AVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: P () Delete
Name: PERRY, MARCIA
Address: 4112 NW 11TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: KUBIK, SHARON
Address: 2672 YORK RD
City-St-Zip: ST. JAMES CITY, FL 33956

Title: D (X) Change () Addition
Name: GOGGIN, MARCIA
Address: 10710 HABITAT CIR
City-St-Zip: BOKEELIA, FL 33922

Title: D (X) Change () Addition
Name: KOETJE, CAROLYN
Address: 2209 MACADAMIA ST
City-St-Zip: ST. JAMES CITY, FL 33956

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

Title: D () Change (X) Addition
Name: DUCKMANN, KEN
Address: 2484 SAPODILLA LN
City-St-Zip: ST JAMES CITY, FL 33956

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: MARCIA SELF-PERRY

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date