

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 27, 2011
Secretary of State

DOCUMENT# N03000007107

Entity Name: FROM OUR HEARTS, INC.**Current Principal Place of Business:**15956 BELLFLOWER STREET
BOKEELIA, FL 33922 US**New Principal Place of Business:**15805 MISSOURI STREET
BOKEELIA, FL 33922 US**Current Mailing Address:**15956 BELLFLOWER STREET
BOKEELIA, FL 33922 US**New Mailing Address:**PO BOX 356
MATLACHA, FL 33993 US**FEI Number:** 16-1683119**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WASHBURN, KAREN
15956 BELLFLOWER STREET
BOKEELIA, FL 33922 US**Name and Address of New Registered Agent:**WASHBURN, KAREN
15805 MISSOURI STREET
BOKEELIA, FL 33922 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:

07/27/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: T
Name: CRAWFORD, ANN
Address: 3627 CLIPPER LANE
City-St-Zip: ST JAMES CITY, FL 33956 US

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

Title: T
Name: VERNER, CONNIE
Address: 2368 LEMON ST
City-St-Zip: ST JAMES CITY, FL 33956

Title: VP
Name: KOFERL, MELISSA
Address: 3839 PERKINS LANE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: P
Name: WASHBURN, KAREN
Address: 15805 MISSOURI STREET
City-St-Zip: BOKEELIA, FL 33922 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN WASHBURN

PRES

07/27/2011

Electronic Signature of Signing Officer or Director_____
Date