


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000003123</b> 1. Entity Name <b>HART FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>100 FERNWOOD CIRCLE DAYTONA BEACH, FL 32114-1132 US</b>	Mailing Address <b>100 FERNWOOD CIRCLE DAYTONA BEACH, FL 32114-1132 US</b>
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02012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0470682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BROWN, PAMELA H 100 FERNWOOD CIRCLE DAYTONA BEACH, FL 32114-1132</b>
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000624104 02/14/07-80018-008 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD BROWN, PAMELA H 100 FERNWOOD CIRCLE DAYTONA BEACH, FL 321141132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HART, GERALD A 4270 S.W. THISTLE TERR PALM CITY, FL 34990</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Pamela H. Brown* **Pamela H. Brown** *2/1/07* *386-323-6101*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #