

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004391

1. Entity Name
MISS HEART OF FLORIDA, INC.



Principal Place of Business
36722 S.R. 52
DADE CITY, FL 33525

Mailing Address
36722 S.R. 52
DADE CITY, FL 33525



03192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2269570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONVERSE, CLARK
36722 S.R. 52
DADE CITY, FL 33525

**DO NOT WRITE
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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIMPSON, WILTON
STREET ADDRESS 36722 S.R. 5
CITY-ST-ZIP DADE CITY, FL 33525

TITLE V
NAME COLLURA, F.J.
STREET ADDRESS 36722 S.R. 52
CITY-ST-ZIP DADE CITY, FL 33525

TITLE S
NAME WARD, JIM A
STREET ADDRESS 36722 S.R. 52
CITY-ST-ZIP DADE CITY, FL 33525

TITLE T
NAME DELONG, DONNA
STREET ADDRESS 36722 S.R. 52
CITY-ST-ZIP DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000679204
04/03/07-80027-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILTON SIMPSON PRESIDENT

3-22-07

Date

352-567-6678

Daytime Phone #