

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004692

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** CARE FROM THE HEART, INC.

**Current Principal Place of Business:**

1923 SW 149 AVENUE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1923 SW 149 AVENUE  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-1905179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOOKAL, ELAINE  
1923 SW 149 AVENUE  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOOKAL, ELAINE  
Address: 1923 SW 149 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: LINDSEY, TREAVOR  
Address: 1923 SW 149 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: TENNANT, BEVALEE  
Address: 1923 SW 149 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: BELLIOU, NILSA  
Address: 1923 SW 149 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: FOSTER, MAUREEN  
Address: 1923 SW 149 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

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:** ELAINE BOOKAL

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date