## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000001989

FILED Feb 27, 2009 Secretary of State

Entity Name: MATTERS OF THE HEART OF THE PALM BEACHES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

700 VENICE CIRCLE APT 103 4771 N AUSTRALIAN AVE LAKE PARK, FL 33403

SUITE 108

WEST PALM, FL 33407

**Current Mailing Address:** New Mailing Address:

700 VENICE CIRCLE APT 103 P.O. BOX 852

LAKE PARK, FL 33403 WEST PALM BEACH, FL 33402

FEI Number: 42-1661527 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NOTTAGE, MARY NOTTAGE, MARY

700 VENICE CIRCLE APT 103 4771 N AUSTRALIAN AVENUE

LAKE PARK, FL 33403 US STE 108 WEST PALM BEACH, FL 33407 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: MARY NOTTAGE 02/27/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

NOTTAGE, MARY SHABAZZ, PRECIOUS Name: Name: 700 VENICE CIRCLE APT 103 Address: 500 N CONGRESS AVENUE Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: WEST PALM BEACH, FL 33403

Title: ( ) Delete Title: (X) Change ( ) Addition Name: WILLIAMS, PAMELA Name: NOBLES, COURTNEY

Address: 1555 W 8 STREET APT N104 Address: 1555 W 8 STREET APT N104 City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Delete Title: (X) Change ( ) Addition

SHABAZZ, PRECIOUS DENSEN, TIFFANY Name: Name: 1011 INDIAN TRACE CIRCLE BLDG 10 APT 206 1011 INDIAN TRACE CIRCLE BLDG 10 APT 206 Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

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: PRECIOUS SHABAZZ D 02/27/2009