

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003649

FILED
Apr 25, 2007
Secretary of State

Entity Name: A HEART TOWARD THE CHILDREN FOUNDATION, INC.

Current Principal Place of Business:

464 N.E. 210 CIRCLE TERRACE
202
MIAMI, FL 33179

New Principal Place of Business:

464 N.E. 210TH CIRCLE TERRACE
202
MIAMI, FL 33179

Current Mailing Address:

464 N.E. 210 CIRCLE TERRACE
202
MIAMI, FL 33179

New Mailing Address:

464 N.E. 210TH CIRCLE TERRACE
202
MIAMI, FL 33179

FEI Number: 20-4756192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

K.B. SHARP, P.A.
12323 S.W. 55TH STREET
#100
COPPER CITY, FL 33330 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: PCEO () Delete
Name: AUSTIN, LYNNETTE PSY. D.
Address: 464 N.E. 210 TH CIRCLE #202
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: LOWE, JA'NET M.S.
Address: 1844 N.W. 47TH ST
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: LOUIS, PATRICIA M.S.W.
Address: 900 NE 195TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUSTIN, LYNNETTE PSY. D.
Address: 464 N.E. 210 TH CIRCLE #202
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOUIS, PATRICIA M.S.W.
Address: 900 NE 195TH STREET #607
City-St-Zip: PEMBROKE PINES, FL 33026

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: LYNNETTE AUSTIN, PSY.D.

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date