

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003649

FILED  
Apr 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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.  
180 NW 183RD STREET  
#117  
MIAMI, FL 33179 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: AUSTIN, LYNNETTE PSY. D.  
Address: 464 N.E. 210 TH CIRCLE #202  
City-St-Zip: MIAMI, FL 33179

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

Title: S  
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 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: LYNNETTE AUSTIN

P

04/25/2010

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

\_\_\_\_\_  
Date