

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004847

FILED
Aug 01, 2006
Secretary of State

Entity Name: SEEKERS OF THE HEART INC.

Current Principal Place of Business:

5449 WINHAWK WAY
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5449 WINHAWK WAY
LUTZ, FL 33558

New Mailing Address:

FEI Number: 32-0148794 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 Current Registered Agent:

ATER, SHANNON
5449 WINHAWK WAY
LUTZ, FL 33558 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: PD () Delete
Name: ATER, SHANNON
Address: 5449 WINHAWK WAY
City-St-Zip: LUTZ, FL 33558

Title: VD () Delete
Name: KELLY, DEE DEE
Address: 4305 AVENUE CANNES
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: EATON, JOANN
Address: 5055 CYPRESS TRACE
City-St-Zip: ORLANDO, FL 328193016

Title: S () Delete
Name: MOORE, NANCY
Address: 3808 CYPRESS MEADOWS RD.
City-St-Zip: TAMPA, FL 33624

Title: T (X) Delete
Name: RODRIGUEZ, DIANA
Address: 4205 BRENTWOOD PARK CIR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: AGUILAR, GABRIELLA
Address: 3959 VAN DYLE RD #267
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KELLY, DEE DEE
Address: 5524 SILVER LEAF COURT
City-St-Zip: HASLETT, MI 48840

Title: S (X) Change () Addition
Name: SIMON, DEBBIE
Address: 14632 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: T (X) Change () Addition
Name: SIMON, DEBBIE
Address: 14632 CANOPY DR
City-St-Zip: TAMPA, FL 33626

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON ATER

P

08/01/2006

Electronic Signature of Signing Officer or Director

Date