

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 026 ****70.00

| | | | | | |
|--|---------------------------------|--|--|--|--|
| DOCUMENT # N05000008821 1. Entity Name MATTERS OF THE HEART, EMPOWERING TO MAKE THE DIFFERENCE, INCORPORATED | | | | | |
| Principal Place of Business 15178 HIGH HILL CIRCLE TALLAHASSEE, FL 32312 | | | Mailing Address 15178 HIGH HILL CIRCLE TALLAHASSEE, FL 32312 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country Leon | Zip | Country Leon | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LEE, ETHEL R 15178 HIGH HILL CIRCLE TALLAHASSEE, FL 32312 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Ethel R. Lee | |
| STREET ADDRESS | | | STREET ADDRESS | 15178 High Hill Circle | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Tallahassee, Florida 32312 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Treasure | |
| STREET ADDRESS | | | STREET ADDRESS | Semon W. Lee / Trustee | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 15178 High Hill Circle | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Geri Ruis / Trustee | |
| STREET ADDRESS | | | STREET ADDRESS | 2017 Faulk Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Tallahassee, Florida 32303 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Sharri Ellis / Trustee | |
| STREET ADDRESS | | | STREET ADDRESS | 5803 Bitter Orange Avenue | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Tampa, Florida 33605 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Ethel R. Lee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>July 6, 2006</u> (850) 524-0366 <small>Date Daytime Phone #</small> | | |