


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90038 043 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N05000010404</b>                        |  |
| 1. Entity Name<br><b>HEATHROW HEARTSTARTERS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1226 E. LANGLEY CT<br/>HEATHROW, FL 32746</b> | Mailing Address<br><b>1226 E. LANGLEY CT<br/>HEATHROW, FL 32746</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3646625**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                           |  |
| <b>MORRISON, WILLIAM H<br/>7100 S. HWY. 17-92<br/>FERN PARK, FL 32730</b> |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D MORRIE, ARNOLD<br/>1226 E. LANGLEY CT<br/>HEATHROW, FL 32746</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D PALOMDI, LAWRENCE M<br/>394 WINSTORD CT<br/>LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D COLTON, FREDERIC<br/>344 ASHFORD COURT<br/>HEATHROW, FL 32746</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D MORRISON, WILLIAM H<br/>7100 S. HIGHWAY 17-92<br/>FERN PARK, FL 32730</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ARNOLD, MORRIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ABATE, JR. EDMUND<br/>1275 PRINCE CT<br/>HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D GARGANO TONY<br/>46A DEVON PL<br/>HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D GOOD, ROBERT<br/>1282 REGENCY PL<br/>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>THE ABOVE NAMES<br/>WERE PREVIOUSLY<br/>SUBMITTED</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |

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.

|  |  |      |                 |
|--|--|------|-----------------|
| <b>SIGNATURE:</b> <i>Edmund Abate, Jr.</i> <b>EDMUND ABATE, JR</b> <b>1/4/08</b> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|--|--|------|-----------------|