

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90395 042 \*\*\*\*70.00

**DOCUMENT # N05000012091**

1. Entity Name  
**THE GOODHEART FOUNDATION, INC.**



Principal Place of Business  
**1809 NW 41ST STREET  
MIAMI, FL 33142**

Mailing Address  
**1809 NW 41ST STREET  
MIAMI, FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**51-0561092**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDEMON, JUDY  
1809 NW 41ST STREET  
MIAMI, FL 33142**

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

*Judy Hardeemon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P HARDEMON, WILLIE**  
STREET ADDRESS **1809 NW 41ST STREET**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Delete  
NAME **T FERNANDER, SHARON**  
STREET ADDRESS **780 NW 179TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Delete  
NAME **S GILES, NELTA**  
STREET ADDRESS **6890 SW 27TH COURT**  
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ Delete  
NAME **C SPARKS, DOROTHY**  
STREET ADDRESS **5300 SW 23RD STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **VP Patricia Moorer**  
STREET ADDRESS **555 NE 123rd St #215**  
CITY-ST-ZIP **N. Miami, FL 33161**

TITLE ☐ Change ☒ Addition  
NAME **Director Jatoya Cochran**  
STREET ADDRESS **18665 NW 37th Ave #142**  
CITY-ST-ZIP **Miami, FL 33056**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Willie Hardeemon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-06**

Date

Daytime Phone #