

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012091

FILED
Sep 18, 2008
Secretary of State

Entity Name: THE GOODHEART FOUNDATION, INC.

Current Principal Place of Business:

1809 NW 41ST STREET
MIAMI, FL 33142

New Principal Place of Business:

20494 NW 13TH AVENUE
MIAMI, FL 33169

Current Mailing Address:

1809 NW 41ST STREET
MIAMI, FL 33142

New Mailing Address:

20494 NW 13TH AVENUE
MIAMI, FL 33169

FEI Number: 51-0561092 **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:

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

Name and Address of New Registered Agent:

HARDEMON, JUDY
20494 NW 13TH AVENUE
MIAMI, FL 33169 US

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: JUDY HARDEMON

09/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: HARDEMON, WILLIE
Address: 1809 NW 41ST STREET
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: FERNANDER, SHARON
Address: 780 NW 179TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: GILES, NELTA
Address: 6890 SW 27TH COURT
City-St-Zip: MIRAMAR, FL 33023

Title: C () Delete
Name: SPARKS, DOROTHY
Address: 5300 SW 23RD STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VD () Delete
Name: MOORER, PATRICIA
Address: 555 NE 123RD ST 215
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: COCHRAN, JATOYA
Address: 18665 NW 37TH AVE 142
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HARDEMON, WILLIE
Address: 20494 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33169

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

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

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

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 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: JUDY HARDEMON

DIR

09/18/2008

Electronic Signature of Signing Officer or Director

Date