2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N06000000234

Entity Name: REV LONZO & MARY BOYKIN HEART 2 HEART FOUNDATION, INC.

Current Principal Place of Business:

4449 BLUE BILL PASS
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4449 BLUE BILL PASS
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 13-4333684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYKIN, VERNITA FCEO
4449 BLUE BILL PASS
TALLAHASSEE, FL 32303 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:	PCEO	( ) Delete
Name:	JOHNSON, BARNEY V	
Address:	828 SHANNON ST.	
City-St-Zip:	TALLAHASSEE, FL 32331	
Title:	VP	( ) Delete
Name:	BOYKIN WILLIAM, ANGELA S	
Address:	4051 NW 203 LANEASS	
City-St-Zip:	MIAMI, FL 33055	
Title:	S	( ) Delete
Name:	BOYKIN, VERNITA FCEO	
Address:	4449 BLUE BILL PASS	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	FCEO	( ) Delete
Name:	JOHNSON, BARNEY VP	
Address:	828 SHANNON ST.	
City-St-Zip:	TALLAHASSEE, FL 32331	
Title:	VP	( ) Delete
Name:	BOYKINWILLIAM, ANGELA S	
Address:	4051NW 203 LANE	
City-St-Zip:	MIAMI, FL 323055	
Title:	S	( ) Delete
Name:	BOYKIN, VERNITA P	
Address:	4449 BLUE BILL PASS	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: VERNITA BOYKIN S 04/21/2008

Electronic Signature of Signing Officer or Director — Date