2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001566

Name:

Address: City-St-Zip:

FILED Sep 05, 2007 Secretary of State

Entity Na	me: BC HART FOUNDATION INC.		
Current P	rincipal Place of Business:	New Principal Place of Business:	
496 NW 10 MIAMI, FL	65 ST. ROAD, APT. D512 33169		
Current Mailing Address:		New Mailing Address:	
496 NW 10 MIAMI, FL	65 ST. ROAD, APT. D512 33169		
In accordan	: 04-3841659 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable() Certificate of Status Desired(not receive the prior notice. Name and Address of New Registered Agent:	X)
STEPHEN 496 NW 10 MIAMI, FL	IS, BERTHA L. 65 ST. ROAD, APT. D512 33169 US		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or	both,
SIGNATUI	RE:		
	Electronic Signature of Registered A	gent Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete STEPHENS, BERTHA L. 496 NW 165 ST. ROAD, APT. D512 MIAMI, FL 33169	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VD () Delete PRINGLE, CRYSTAL 3465 SW 120 ST. SUNRISE, FL 33323	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	TD () Delete MUHAMMAD, HANEEFAH 496 NW 165 ST. ROAD, APT. D512 MIAMI, FL 33169	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SD () Delete PRINGLE, AALEEYAH 496 NW 165 ST. ROAD, APT. D512 MIAMI, FL 33169	Title: () Change () Addition Name: Address: City-St-Zip:	
Title:	() Delete	Title: CD () Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

STEPHENS, TAUHEEDAH

410 SOUTH EAST 4TH AVE. APT. 2

HALLANDALE BEACH, FL 33009

SIGNATURE: BERTHA L. STEPHENS PD 09/05/2007