

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005016

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** HEART TO HEART COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

2156 SW FEARS AVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

1918 SW BILTMORE STREET  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

2156 SW FEARS AVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 20-4906851      **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:**

DUKES, MICHELLE  
2156 SW FEARS AVE  
PORT SAINT LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

DUKES, MICHELLE B  
2156 SW FEARS AVE  
PORT SAINT LUCIE, FL 34953      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: MICHELLE B. DUKES

10/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO      ( ) Delete  
Name: DUKES, CLAUDE JR  
Address: 2156 SW FEARS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: PD      ( ) Delete  
Name: DUKES, MICHELLE B  
Address: 2156 SW FEARS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD      ( ) Delete  
Name: UPPERDITE, ROBNET  
Address: 4301 NW 45 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: SD      ( ) Delete  
Name: SPENCER, ALARIE  
Address: 5055 NW 36 ST., #E315  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: CD      ( ) Delete  
Name: CEASAR, MYRIAM  
Address: 2181 NW 21 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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:

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: MICHELLE B. DUKES

PD

10/20/2009

Electronic Signature of Signing Officer or Director

Date