

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011488

1. Entity Name

DIVINE HEARTS FOUNDATION, INC.



Principal Place of Business

**5155 E SABAL PALM BLVD #210-A
TAMARAC FL 33319**

Mailing Address

**5155 E SABAL PALM BLVD #210-A
TAMARAC FL 33319**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

20-5909868

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

**BIXLER, LASTENIA
5155 E SABAL PALM BLVD #210-A
TAMARAC FL 33319**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BIXLER, LASTENIA**
CITY-ST-ZIP **5155 E SABAL PALM BLVD #210-A
TAMARAC FL 33319**

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

TITLE ☐ Delete
NAME **DVPT**
STREET ADDRESS **BROSS, MATILDE**
CITY-ST-ZIP **9270 NW 26 ST
SUNRISE FL 33322**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **MEJIA, ANA CLERK**
CITY-ST-ZIP **1101 SW 124 WAY
DAVIE FL 33325**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Section 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: x Lastenia Bixler / LASTENIA BIXLER 01/28/08 (954) 973-4948