

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005477

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** BROKEN HEARTS OF FLORIDA INC.

**Current Principal Place of Business:**

2912 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

2912 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 26-0244299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAVEZ, KAREN T CAE  
2912 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309 US

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

ROOKS, KIM G  
2912 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309 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: KIM ROOKS

02/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAVEZ, KAREN T CAE  
Address: 2912 EDENDERRY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: ROOKS, KIM  
Address: 1372 FULLER ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: KIM ROOKS

D

02/26/2012

Electronic Signature of Signing Officer or Director

Date