2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# N07000008417

Entity Name: UNITED HEARTS CHARITY INC.

Current Principal Place of Business:

9484 BOGGY CREEK RD
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

9484 BOGGY CREEK RD
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 30-0444486 **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:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SVC. LLC
8810 COMMODITY CIRCLE
SUITE 17
ORLANDO, FL 32819 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: CAROLINE LARSON 12/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRANCO, MICHAEL C
Address: 9484 BOGGY CREEK RD
City-St-Zip: ORLANDO, FL 32824

Title: VPD ( ) Delete
Name: NEAL, MILENA C
Address: 9484 BOGGY CREEK RD
City-St-Zip: ORLANDO, FL 32824

Title: DST ( ) Delete
Name: CAMERON, DONALD A
Address: 831-A MECCA DRIVE
City-St-Zip: SARASOTA, FL 34743

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:

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: MILENA NEAL VPD 12/07/2009
Electronic Signature of Signing Officer or Director Date