2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# N08000001222

Entity Name: HEARTDANCE FOUNDATION, INC.

Current Principal Place of Business:

11306 CARROLLWOOD DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11306 CARROLLWOOD DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

GROOVER, DOROTHY A
11306 CARROLLWOOD DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

GROOVER-SKIPPER, DOROTHY A
11306 CARROLLWOOD DRIVE
TAMPA, FL 33618 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: DOROTHY A. GROOVER-SKIPPER 08/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GROOVER, DOROTHY A
Address: 11306 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

Title: V ( ) Delete
Name: LOOS, KAREN
Address: 6506 N PACKWOOD AVE
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete
Name: SKIPPER, ROGER
Address: 1060 LORING DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GROOVER-SKIPPER, DOROTHY A
Address: 11306 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

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: DOROTHY A. GROOVER-SKIPPER P 08/11/2009
Electronic Signature of Signing Officer or Director Date