

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002707

FILED
Apr 27, 2009
Secretary of State

Entity Name: ONE HEART EARTH CENTER, INC.

Current Principal Place of Business:

450 WEST MADISON STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

450 WEST MADISON STREET
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 26-2203537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINEBAUGH WORLEY, SARAH (SALLIE)
625 NORTH OLIVE STREET
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURGESS, MAGGIE M
Address: 1288 INDIANHILLS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: MOSES, JANET
Address: 254 SW RANGE AVENUE
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: ALLEN, R DAVID
Address: 625 NORTH OLIVE STREET
City-St-Zip: MONTICELLO, FL 32344

Title: PT () Delete
Name: LINEBAUGH WORLEY, SALLIE
Address: 625 NORTH OLIVE STREET
City-St-Zip: MONTICELLO, FL 32344

Title: VP () Delete
Name: WORLEY, JUNIOR, SAM
Address: 625 NORTH OLIVE STREET
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: HARRISON, NANCY
Address: 1040 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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
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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: SARAH (SALLIE) LINEBAUGH WORLEY

PT

04/27/2009

Electronic Signature of Signing Officer or Director

Date