2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000003640

Entity Name: HAPPY HEARTS AND MINDS, INC.

Current Principal Place of Business:

5902 CHARLES D. EVERS DR
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

5646 COLDSTREAM CT
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 26-2417226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

VALENTINE, JACQUELYN A
5902 CHARLES D. EVERS DR
JACKSONVILLE, FL 32219 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: PRES ( ) Delete
Name: VALENTINE, JACQUELYN A
Address: 5902 CHARLES D. EVERS DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP ( ) Delete
Name: MANNING, LETICIA D
Address: 12634 ASHMORE GREEN DR S
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete
Name: WASHINGTON, TERRI V
Address: 2503 OAK SUMMIT
City-St-Zip: JACKSONVILLE, FL 32211

Title: SECR ( ) Delete
Name: VALENTINE, WANDA G
Address: 1169 EVENING STROLL LN
City-St-Zip: JACKSONVILLE, FL 32221

Title: TREA ( ) Delete
Name: BANKHEAD, WANDA F
Address: 1564 W 31ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

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
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: JACQUELYN A. VALENTINE PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date