

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008219

FILED
Apr 30, 2009
Secretary of State

Entity Name: GIVING HEART, INC.

Current Principal Place of Business:

119 N. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

457 NW 36TH AVENUE
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 26-3300869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: PVST () Delete
Name: WHITE, JO-ANN
Address: 457 NW 36TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: WHITE, JO-ANN
Address: 457 NW 36TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: WHITE, DAVID
Address: 457 NW 36TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: STALLINGS, JOHNNIE
Address: 241 NE 23RD COURT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: STALLINGS, NINA
Address: 241 NE 23RD COURT
City-St-Zip: POMPANO BEACH, FL 33060 US

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: JO-ANN K. WHITE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date