

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009227

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** HELPING HEARTS, OF NORTHWEST FLORIDA INC.

**Current Principal Place of Business:**

905 KRASNOSKI AVE.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2374  
PENSACOLA, FL 32513

**New Mailing Address:**

**FEI Number:** 80-0440654      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOWEN, JAMES T SR  
210 E. BOBE ST.  
PENSACOLA, FL 32503      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: P  
Name: SHOWEN, JAMES T  
Address: 210 E. BOBE ST.  
City-St-Zip: PENSACOLA, FL 32503

Title: VP  
Name: LASHER, TRU  
Address: 3458 CRABTREE CHURCH RD  
City-St-Zip: MOLINO, FL 32577

Title: SECR  
Name: ROACH, WILMA  
Address: 25 W. HOOD ST.  
City-St-Zip: PENSACOLA, FL 32534

Title: TREA  
Name: CHRISTIAN, SHERRIE  
Address: 6223 DENVER AVE  
City-St-Zip: PENSACOLA, FL 32526

I hereby 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 all other like empowered.

SIGNATURE: JAMES T SHOWEN JR

P

03/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date