FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26186 (9)

1. Corporation Name
HEARTS & HOMES FOR CHILDREN, INC.

Principal Place of Business	Mailing Address
858 N XAVIER AVE P.O. BOX 07342 FT. MYERS FL 33919	858 N XAVIER AVE P.O. BOX 07342 FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1988
3a. Date of Last Report: 06/28/1994
4. FEI Number: 65-0037764 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGURK, BEVERLY 858 N. XAVIER AVE. FORT MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Beverly McGurk Beverly McGurk 1/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, FAY	1.2 NAME	
STREET ADDRESS	16275 DEEP PASSAGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	1.4 CITY-ST-ZIP	300001426643
TITLE	D	2.1 TITLE	-03/10/95--010 ☐ Change ☐ Addition
NAME	JUDY, PETER	2.2 NAME	****130.00 ****130.00
STREET ADDRESS	858 N XAVIER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CROWLEY, LINDA	3.2 NAME	
STREET ADDRESS	6315 PRESIDENTIAL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KISER, OMAH LEAH	4.2 NAME	
STREET ADDRESS	1427 COLLINS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	KISER, OMAH LEAH	5.2 NAME	Davis Gates
STREET ADDRESS	6752 HIGHLAND PINE CIR	5.3 STREET ADDRESS	2780 Cleveland Ave. Suite 814
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MORDOCK, KENNETH	6.2 NAME	DDA
STREET ADDRESS	2073 LAFAYETTE ST.	6.3 STREET ADDRESS	3-9
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye Johnson Faye B Johnson 2/28/95 (813) 466-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0050953