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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N26186 (9)

1. Corporation Name

HEARTS & HOMES FOR CHILDREN, INC.

Principal Place of Business

858 N XAVIER AVE  
P.O. BOX 07342  
FT. MYERS FL 33919

Mailing Address

858 N XAVIER AVE  
P.O. BOX 07342  
FT. MYERS FL 33919



3. Date Incorporated or Qualified

04/29/1988

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCGURK, BEVERLY  
858 N. XAVIER AVE.  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Beverly McGurk* *Beverly McGurk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME JOHNSON, FAY  
STREET ADDRESS 18275 DEEP PASSAGE LANE  
CITY-ST-ZIP FT MYERS BEACH FL

TITLE ☐ DELETE  
NAME JUDY, PETER  
STREET ADDRESS 858 N XAVIER AVE  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE  
NAME CROWLEY, LINDA  
STREET ADDRESS 6315 PRESIDENTIAL CT  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME DAVIS, GATES  
STREET ADDRESS 2780 CLEVELAND AVE. STE. #814  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ DELETE  
NAME MORDOCK, KENNETH  
STREET ADDRESS 2073 LAFAYETTE ST.  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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* 3/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)