

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49682

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** HEART TO HEART: A COMMUNITY CARE HOME, INC.

**Current Principal Place of Business:**

96 PLUMOSA AVENUE  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

96 PLUMOSA AVENUE  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-3132600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARCELL, ELLEN T T  
463 MARINER WAY  
ALTAMONTE SPRINGS, FL 32701 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: C ( ) Delete  
Name: STACK, DANIEL C  
Address: 1800 PEMBROOK DRIVE #400  
City-St-Zip: ORLANDO, FL 32810 US

Title: V ( ) Delete  
Name: WERNER, PATRICIA  
Address: 2301 MAITLAND CENTER PKWY  
City-St-Zip: MAITLAND, FL 32751 US

Title: S ( ) Delete  
Name: RANDOLPH, JOAN  
Address: P.O. BOPX 941994  
City-St-Zip: MAITLAND, FL 32794 US

Title: T ( ) Delete  
Name: HIGGINS, EDWARD  
Address: 338 W. MORSE BLVD. #200  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: ODONGO, JOYCE  
Address: 200 E. ROBINSON ST. #FL 9  
City-St-Zip: ORLANDO, FL 32801

Title: CEO ( ) Delete  
Name: PARCELL, ELLEN T  
Address: 463 MARINER WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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:

Title: M (X) Change ( ) Addition  
Name: SEARL, JASON  
Address: 1127 SHOREWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32806

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: ELLEN THOMSON PARCELL

CEO

04/22/2009

Electronic Signature of Signing Officer or Director

Date