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FILED

Jan 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004779 (4)

1. Corporation Name

HEARTS, HANDS AND HOOFES OF NORTHEAST FLORIDA, IN
C.

Principal Place of Business

Mailing Address

9200 PLUMMER ROAD
JACKSONVILLE FL 322199200 PLUMMER ROAD
JACKSONVILLE FL 32219-15073. Date Incorporated or Qualified
09/26/19943a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2599 Sunridge Ct

4. FEI Number
59-3276526

Applied For

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

28 Orange Park, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Country

25

29

32063-5771

30 U.S.A.

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

FOWLER, KIM
2599 SUNRIDGE COURT
ORANGE PARK FL 32065

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

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 ☒ DELETE
NAME REED-DEGRYSE, PAIGE
STREET ADDRESS 298 CROOKED RIDGE
CITY-ST-ZIP ORANGE PARK FL 320651.1 TITLE ☒ Change ☒ Addition
1.2 NAME MR. ALAN D. WELDON
1.3 STREET ADDRESS 3750 Riverside Ave
1.4 CITY-ST-ZIP Jacksonville, FL 32205TITLE ☒ DELETE
NAME FOWLER, KIM
STREET ADDRESS 2599 SUNRIDGE CT
CITY-ST-ZIP ORANGE PARK FL 320652.1 TITLE ☒ Change ☒ Addition
2.2 NAME MR. ARTHUR SANTORIUS
2.3 STREET ADDRESS 1845 Orange Picker Rd
2.4 CITY-ST-ZIP Jacksonville, FL 32223TITLE ☒ DELETE
NAME ST
STREET ADDRESS FREDRICO, ELISABETH
CITY-ST-ZIP 3615 OAK STREET
JACKSONVILLE FL3.1 TITLE ☒ Change ☒ Addition
3.2 NAME Mrs. Darlene music
3.3 STREET ADDRESS Route 4 Box 1075
3.4 CITY-ST-ZIP Callahan, FL 32011TITLE ☒ DELETE
NAME D
STREET ADDRESS MILLER, JOANNE C
CITY-ST-ZIP 1927 RAYER ROAD
GREEN COVE SPRINGS FL 320434.1 TITLE ☒ Change ☒ Addition
4.2 NAME Mrs. Sandra Nasca
4.3 STREET ADDRESS 299 South Roscoe Blvd
4.4 CITY-ST-ZIP Ponte Vedra Bch, FL 32082TITLE ☒ DELETE
NAME T
STREET ADDRESS FOWLER, DAVID
CITY-ST-ZIP 2599 SUNRIDGE CT
ORANGE PARK FL 320655.1 TITLE ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME P
STREET ADDRESS TOMLINSON, SANDY
CITY-ST-ZIP RT 2 BOX 746 N/A
LAWTEY FL6.1 TITLE ☒ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I do hereby certify that the information supplied with this filing 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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone

CR2E037 (9/96)