

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004779 (4)**

1. Corporation Name

HEARTS, HANDS AND HOOFES OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**9200 PLUMMER ROAD
JACKSONVILLE FL 32219**

**2599 SUNRIDGE CT
ORANGE PARK FL 32065-5771**

2. Principal Place of Business

2a. Mailing Address

21 1783 Nolan Road

26 1783 Nolan Road

22 Middleburg, FL

27 Middleburg, FL

23 32068

28 32068

24 Zip Country
25 USA

29 Zip Country
30 USA

3. Date Incorporated or Qualified

09/26/1994

4. FEI Number

59-3276526

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FWLER, 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 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE **D**
NAME **REED-DEGRYSE, PAIGE**
STREET ADDRESS **208 CROOKED RIDGE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

1.1 TITLE **Director**
1.2 NAME **Mrs. Sandra Nasca**
1.3 STREET ADDRESS **899 South Roscoe Blvd**
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **M**
NAME **FWLER, KIM**
STREET ADDRESS **2599 SUNRIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

2.1 TITLE **Director**
2.2 NAME **Mr. David Hammill**
2.3 STREET ADDRESS **421 Ocean Walk Drive South**
2.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE **ST**
NAME **FREDRICO, ELISABETH**
STREET ADDRESS **3615 OAK STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **Director**
3.2 NAME **Dr. Barbara O'Reilly**
3.3 STREET ADDRESS **1270 13th Avenue South**
3.4 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D**
NAME **MILLER, JOANNE C**
STREET ADDRESS **1927 RAYER ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **T**
NAME **FWLER, DAVID**
STREET ADDRESS **2599 SUNRIDGE CT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

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

TITLE **P**
NAME **TOMLINSON, SANDY**
STREET ADDRESS **RT 2 BOX 746 N/A**
CITY-ST-ZIP **LAWTEY FL**

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

14. I 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: **Kim Fowler** **Kim Fowler**

4-16-98 (904) 276-7250

CR2037 (10/97)