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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004779**

1. Corporation Name

**HEARTS, HANDS AND HOOFES OF NORTHEAST FLORIDA, INC.**

Principal Place of Business

1783 NOLAN ROAD  
MIDDLEBURG FL 32068  
US

Mailing Address

1783 NOLAN ROAD  
MIDDLEBURG FL 32068  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

**FOWLER, KIM**  
**2599 SUNRIDGE COURT**  
**ORANGE PARK FL 32065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1783 Nolan Road

83

84 City

Middleburg

FL

85 Zip Code

32068

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

TITLE ☐ DELETE

NAME **D**  
**NASCA, SANDRA**  
STREET ADDRESS **299 SOUTH ROSCOE BLVD**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**  
**HAMMILL, DAVID**  
STREET ADDRESS **421 OCEAN WALK DR SOUTH**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**  
**O'REILLY, BARBARA**  
STREET ADDRESS **1370 13TH AVENUE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Mr. Greg Norton**  
1.2 NAME **1463 Creeks Edge Ct. West**  
1.3 STREET ADDRESS **Orange Park, FL 32073**  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Mrs. Stacey Scanlan**  
2.2 NAME **368 Sawmill Lane**  
2.3 STREET ADDRESS **Ponte Vedra Beach, FL 32082**  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Mr. Arthur S. Riorins**  
3.2 NAME **1845 Orange Picker Road**  
3.3 STREET ADDRESS **Jacksonville, FL 32223**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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

5.1 TITLE ☐ Change ☐ Addition

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

6.1 TITLE ☐ Change ☐ Addition

NAME  
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, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

904/291-9995

Daytime Phone #

CR2E037 (11/98)