SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000005740 (5)

1. Corporation Name
HEARTS OF HEROES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3474 NO. UNIVERISTY DRIVE STE. 215 SUNRISE FL 33351	3474 NO. UNIVERISTY DRIVE STE. 215 SUNRISE FL 33351

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:
4. FEI Number: 650527428 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HANNA, JOHN
575 SHADOWOOD LANE UNIT 234
TITUSVILLE FL 32780

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MASRI, GLORIA	1.2 NAME	JOHN F. HANNA	
STREET ADDRESS	16671 SW 5TH COURT	1.3 STREET ADDRESS	575 SHADOWOOD LN, #234	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	SMITH, LEONARD A REV	2.2 NAME	THERESA EDWARDS	
STREET ADDRESS	3728 WASHINGTON AVENUE	2.3 STREET ADDRESS	3474 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	SD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	LASSITER, STACEY	3.2 NAME	LINDA LASSITER MC LAUGHLIN	
STREET ADDRESS	810 E JUNIPER LANE	3.3 STREET ADDRESS	810 JUPITER LANE	
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. 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: [signature] JOHN F. HANNA 7.3.95 407.269.9642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010490