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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000141 (9)

1. Corporation Name

BETSY NAGELSEN'S A PLACE IN THE HEART, INC.

Principal Place of Business

9600 MCCORMACK PLACE
WINDERMERE FL 34786

Mailing Address

9600 MCCORMACK PLACE
WINDERMERE FL 34786-8910

3. Date Incorporated or Qualified
01/03/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3357131

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

NAGELSEN MCCORMACK, BETSY
9600 MCCORMACK PLACE
WINDERMERE FL 34786

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

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 D ☐ DELETE

NAME NAGELSEN MCCORMACK, BETSY
STREET ADDRESS 9600 MCCORMACK PLACE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE

NAME NAGELSEN, JAMES ROBERT JR.
STREET ADDRESS 420 CERROMAR COURT, #228
CITY-ST-ZIP VENICE FL 34285

TITLE D ☐ DELETE

NAME TROLLINGER, SARA E
STREET ADDRESS 1010 WEST 30TH STREET
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE

NAME GABRI, PATTY M
STREET ADDRESS 11059 SCHOONER WAY
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE

NAME SAHAG, WALKER
STREET ADDRESS 5 NORTHPOINTE COVE
CITY-ST-ZIP JACKSON MS 39211

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

Betsy Nagelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 216/522-1200
Date Daytime Phone #

0070583

CR2E037 (9/96)