


5-1-98 B-6208-C
FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000006272 (5)**

1. Corporation Name

CIRCLE FROM THE HEART, INC.

Principal Place of Business

Mailing Address

**9509 NW 240TH TERRACE
ALACHUA FL 32615**

**9509 NW 240TH TERRACE
ALACHUA FL 32615**

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

367-56-9443

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER-HOUSE, SALLIE
9509 NW 240TH TERRACE
ALACHUA FL 32615**

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

Sallie Miller-House
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

April 22, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PTD
MILLER-HOUSE, SALLIE**
STREET ADDRESS **9509 NW 240TH TERRACE**
CITY-ST-ZIP **ALACHUA FL 32615**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PTD**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VPD
WEISMAN, SHARON**
STREET ADDRESS **12005 SW 99TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **PTD**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD
TUEFERT, LAURIE**
STREET ADDRESS **P.O. BOX 5328 N/A**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD**
3.3 STREET ADDRESS **TEUFERT, Lori**
3.4 CITY-ST-ZIP **18363 NW 53rd Court Rd.
Orange Lake, FL 32681**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **BOARD MEMBER**
4.3 STREET ADDRESS **Kathy King**
4.4 CITY-ST-ZIP **1316 NE 12th St
GAINESVILLE, FL 32601**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **BOARD MEMBER**
5.3 STREET ADDRESS **Sharon Robinson**
5.4 CITY-ST-ZIP **7209 NW 21st St
Alachua, FL 32615**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Sallie Miller-House
April 22, 1998 904 454

CP2E037 (10/97)