

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90030 006 ****61.25

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DOCUMENT # N97000006272

1. Corporation Name

CIRCLE FROM THE HEART, INC.

Principal Place of Business

9509 NW 240TH TERRACE
ALACHUA FL 32615

Mailing Address

9509 NW 240TH TERRACE
ALACHUA FL 32615



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

36-7569443

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

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

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 VPD
NAME MILLER-HOUSE, SALLIE
STREET ADDRESS 9509 NW 240TH TERRACE
CITY-ST-ZIP ALACHUA FL 32615 ☐ DELETE

TITLE PTD
NAME WEISMAN, SHARON
STREET ADDRESS 12005 SW 99TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE T
NAME KING, KATHY
STREET ADDRESS 1316 NE 12 ST
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ DELETE

TITLE T
NAME ROBINSON, SHARON
STREET ADDRESS 7209 NW 218 ST
CITY-ST-ZIP ALACHUA FL 32615 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T
1.2 NAME Lori Tugert
1.3 STREET ADDRESS 190 NW 62nd Pl.
1.4 CITY-ST-ZIP Ocala, FL 34471 ☐ Change ☒ Addition

2.1 TITLE T
2.2 NAME Suzanne Dolberg, MSW
2.3 STREET ADDRESS 318 W. Osceola Lane
2.4 CITY-ST-ZIP Cocoa Beach, FL 32931 ☐ Change ☒ Addition

3.1 TITLE T
3.2 NAME Stacey Brohene
3.3 STREET ADDRESS 115 NE 115 2nd Ave.
3.4 CITY-ST-ZIP High Springs, FL 32643 ☐ Change ☒ Addition

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 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 OF REGISTERED AGENT

3-31-99

904-457-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)