

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 025 ****70.00

DOCUMENT # N99000002305

1. Entity Name
HELP FROM THE HEART FOUNDATION, INC.



Principal Place of Business
**1050 NE 215TH STREET
MIAMI, FL 33179 US**

Mailing Address
**1050 NE 215TH STREET
MIAMI, FL 33179 US**

60028920



2. Principal Place of Business
1066 NE 215th ST
Suite, Apt. #, etc.

3. Mailing Address
1066 NE 215th ST
Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State
MIAMI, FL
Zip
33179 Country
DADE

City & State
MIAMI, FL
Zip
33179 Country
DADE

4. FEI Number
65-0911398 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, FRANCINE PASTOR
941 NW 176TH TERRACE
MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name **PASTOR FRANCINE HANNA**
Street Address (P.O. Box Number is Not Acceptable)
1066 NE 215th ST
City **MIAMI** FL Zip Code **33179**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Francine Hanna

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HANNA, JOSEPH R**
STREET ADDRESS **941 NW 176TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **SD** ☐ Delete
NAME **SAMA-HARRIS, MARIA**
STREET ADDRESS **19901 NW 67TH CT**
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE **TD** ☐ Delete
NAME **BENING, STEPHEN L**
STREET ADDRESS **5720 LAKESIDE DRIVE, #619**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D** ☐ Delete
NAME **GARY, JOSEPH**
STREET ADDRESS **6127 NW 174TH TERRACE**
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Joseph R. Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/06

Date

305-249-2929

Daytime Phone #