

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # N99000005440

1. Entity Name
SACRED HEARTS, INC.



Principal Place of Business
**14104 ASHBURN PLACE
TAMPA, FL 33624**

Mailing Address
**14104 ASHBURN PLACE
TAMPA, FL 33624**



07162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1680825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HODGE, LARRY
14104 ASHBURN PLACE
TAMPA, FL 33624**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HODGE, CRYSTAL
14104 ASHBURN PLACE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HODGE, APRILE
14104 ASHBURN PLACE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HODGE, GAYLE
14104 ASHBURN PLACE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HODGE, LARRY
14104 ASHBURN PLACE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000770919
07/31/07-80006-011 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/07 (813-9630703)