

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01172008 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**

**DO NOT WRITE
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000807752
02/07/08-80020-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HODGE, CRYSTAL
STREET ADDRESS	14104 ASHBURN PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD
NAME	HODGE, APRILE
STREET ADDRESS	14104 ASHBURN PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VD
NAME	HODGE, GAYLE
STREET ADDRESS	14104 ASHBURN PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	PD
NAME	HODGE, LARRY
STREET ADDRESS	14104 ASHBURN PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

813-963-0703 PH