

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005440

Entity Name: SACRED HEARTS, INC.

FILED
Jul 07, 2009
Secretary of State

Current Principal Place of Business:

14104 ASHBURN PLACE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14104 ASHBURN PLACE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 31-1680825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HODGE, LARRY
14104 ASHBURN PLACE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HODGE, CRYSTAL
Address: 14104 ASHBURN PLACE
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: HODGE, APRILE
Address: 14104 ASHBURN PLACE
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: HODGE, GAYLE
Address: 14104 ASHBURN PLACE
City-St-Zip: TAMPA, FL 33624

Title: PD () Delete
Name: HODGE, LARRY
Address: 14104 ASHBURN PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRILE HODGE

MS.

07/07/2009

Electronic Signature of Signing Officer or Director

Date