

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90147 036 ****61.25

DOCUMENT # N99000006319

1. Entity Name

HELPINGS FROM THE HEART INC.



Principal Place of Business

Mailing Address

**1416 W. TENNESSEE ST., STE. A
TALLAHASSEE FL 32304**

**1416 W. TENNESSEE ST., STE. A
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0976965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERONIMO, ANTHONY F
811 HIGH RD.
TALLAHASSEE FL 32304**

Name **Jerome F. Mayer**
Street Address (P.O. Box Number is Not Acceptable)
2603 W. Tharpe St
Unit C
City **Tallahassee** FL Zip Code **32303**

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

Jerome F. Mayer/President/CEO 1/28/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MAYER, JEROME F**
STREET ADDRESS **1767 HERMITAGE BLVD #2212**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **2603 W. THARPE ST.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **DVPC** ☐ Delete
NAME **GERONIMO, ANTHONY**
STREET ADDRESS **811 HIGH ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **SAME** ☒ Change ☐ Addition
NAME **GERONIMO, ANTHONY**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **D** ☐ Delete
NAME **DAAG, SIMON M**
STREET ADDRESS **2004 MONICELLO DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

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

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

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

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

12. 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 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 REQUIRED

1/28/03 850-681-6461

CR2E037 (10/02)