2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2025
Secretary of State
0286434033CC

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Entity Name: ART WITH A HEART IN HEALTHCARE, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
SUITE 150
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 150
JACKSONVILLE, FL 32207 US

FEI Number: 26-1313805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURLEY, CHARLES RESQ.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 US

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

Officer/Director Detail :

Title	BOD
Name	LAIRD
Address	830-13 A1A NORTH, #127
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	CEO
Name	PONDER, CHRISTY
Address	841 PRUDENTIAL DRIVE #150 SUITE 150
City-State-Zip:	JACKSONVILLE FL 32207

Title	PRESIDENT
Name	GODWIN, TONI BOUDREAUX
Address	2532 DAUPHINE CT E
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	SECRETARY
Name	GRAHM, TERESA
Address	24765 HARBOUR VIEW DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	TREASURER
Name	POWELL, JUDY
Address	12509 AYRSHIRE ST E
City-State-Zip:	JACKSONVILLE FL 32226

Title	BOD
Name	WHITAKER, HILLARY
Address	240 A1A N #13
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	BOD
Name	CARTER, KERRI
Address	3030 MONUMENT BAY ROAD
City-State-Zip:	ST AUGUSTINE FL 32092

Title	BOD
Name	COHEN, CASEY
Address	3030 MONUMENT BAY RD
City-State-Zip:	ST AUGUSTINE FL 32092

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I hereby 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 all other like empowered.

SIGNATURE: CHRISTY PONDER EXECUTIVE DIRECTOR 02/04/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	BOD
Name	LEE, MICHELLE
Address	14030 ATLANTIC BLVD #3429
City-State-Zip:	JACKSONVILLE FL 32225

Title	BOD
Name	SINCLAIR, JO
Address	15 ALFRED ST
City-State-Zip:	ST AUGUSTINE FL 32084

Title	BOD
Name	JETT, CONNIE
Address	5314 PINEY WOODS WAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	BOD
Name	MCLEOD, HEIDI
Address	2050 OAK HAMMOCK DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	BOD
Name	TARI, ANA
Address	1881 BEACH AVE
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	BOD
Name	PARKS, MAGGIE
Address	1758 CHANDELIER CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32225