ling Address:			
FEI Number: 45-4335269		Certificate of Status Desired: No	
ddress of Current Registered Agent:			
TLANTIC AVENUE			
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.			
SIMON REYNOLDS			04/28/2021
Electronic Signature of Registered Agent			Date
ctor Detail :			
D/P	Title	D/VP	
MCNULTY, LESLIE DR.	Name	MCNULTY, KEVIN DR.	
120 FLAMINGO AVENUE	Address	120 FLAMINGO AVENUE	
DAYTONA BEACH SHORES FL 32118	City-State-Zip:	DAYTONA BEACH SHORES FL	32118
DST			
REYNOLDS, SIMON A			
39 ACCLAIM AT LIONSPAW			
DAYTONA BEACH FL 32124			
	Address of Current Registered Agent: MON TLANTIC AVENUE CH SHORES, FL 32118 US Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits this statement for the purpose of changing its regis Tentity submits the purpose of changing its registered agent Tentity submits the purpose of changing its registered agent Tentity submits the purpose of changing its registered agent Tentity submit	136     EACH, FL 32115     : 45-4335269	1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1136     1137     1138     1139     1139     1139     1130     1130     1130     1130     1130     1130     1130     1130     1130     1130 <t< td=""></t<>

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: LESLIE MCNULTY

Electronic Signature of Signing Officer/Director Detail

**1918 SOUTH ATLANTIC AVENUE** 

Entity Name: LIVING HEARTS FOUNDATION INC.

DAYTONA BEACH SHORES, FL 32118

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## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N11000011553

**Current Principal Place of Business:** 

Secretary of State 7434594901CC

FILED Apr 28, 2021

04/28/2021

Date

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