

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N14000011237

**Jan 29, 2024**

**Entity Name:** HEART TO HEART WORLD MISSION INC.

**Secretary of State**

**9677197368CC**

**Current Principal Place of Business:**

8910 MIRAMAR PKWY., STE. 210  
MIRAMAR, FL 33025

**Current Mailing Address:**

P.O BOX 452804  
FORT LAUDERDALE, FL 33345 US

**FEI Number: 47-2526064**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ANDERSON, CANUTE  
8910 MIRAMAR PKWY., STE. 210  
MIRAMAR, FL 33025 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: CANUTE ANDERSON**

**01/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, /DIRECTOR  
Name            BLANCHARD, ARNOUX  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY, /DIRECTOR  
Name            DEHNERT, DAPHNE  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER/DIRECTOR  
Name            ANDERSON, CANUTE  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            ANDERSON, TERRANCE  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            GORDON, ELSA  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            CHAIRMAN, / DIRECTOR  
Name            BROWN, RUPERT  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            JAMES, ORAL  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            PIERRE, CASSANDRA  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip: MIRAMAR FL 33025

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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: CANUTE ANDERSON**

**REGISTERED AGENT**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VOLTAIRE, JUNIE  
Address        8910 MIRAMAR PKWY., STE. 210  
City-State-Zip:  MIRAMAR FL 33025