2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2024
Secretary of State
0200103177CC

DOCUMENT# N23000013479

Entity Name: WHOLE H.E.A.R.T. FOUNDATION INC

Current Principal Place of Business:

25 EAST BEAVER STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

25 EAST BEAVER STREET
JACKSONVILLE, FL 32202

FEI Number: 93-4324376

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCRAY, JOHNNY M JR
1117 WEST 20TH STREET
JACKSONVILLE, FL 32209 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	P
Name	BROWN, TIFFANY
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	JACKSON, LASHENA APRN DN
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	ANTOINE, CARMENISE
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MIKELL BA, MS, ANELICA
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	MICKENS, ALGERIA M.ED
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	HEPBURN, PORTIA
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MIKELL, ALTHEA
Address	25 EAST BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32202

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: TIFFANY BROWN P 01/14/2024

Electronic Signature of Signing Officer/Director Detail — Date