



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sr  
Please Type or Print Legibly in Black Ink. /

**REGISTRY NUMBER:** 116098393

**ENTITY TYPE:**  DOMESTIC  FOREIGN

In accordance with Oregon Revised Statute 182.410-192.480, the information on this application is  
We must release this information to all parties upon request and it will be posted on our website.

**1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:**

**HART Community Center, Inc.\***

**2. BUSINESS ACTIVITY**

Complete only the sections that you are updating.

**6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

**3. PRINCIPAL PLACE OF BUSINESS: (Street Address)**

\_\_\_\_\_

**4. THE REGISTERED AGENT HAS BEEN CHANGED TO:**

\_\_\_\_\_

**5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

Must be an Oregon Street Address, which is identical to the  
registered agent's office.

**7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS  
APPOINTMENT.** The entity has been notified in writing of this change.

**8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE  
AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT  
ARE IDENTICAL.**

**9. INDIVIDUAL WITH DIRECT KNOWLEDGE** (Names and Addresses)  
List the name and address of at least one individual who is a director, or controlling  
shareholder of the corporation (member or manager of the LLC) or an authorized  
representative with direct knowledge of the operations and business activities of  
the corporation or LLC.

\_\_\_\_\_

\_\_\_\_\_

**10. NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS**

Business and Professional Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 62.455, ORS 554.315).

Nonprofit Corporations list the name and address of one President and one Secretary. Nonprofit Corporations that are Public Benefit list the name and address of one Treasurer (ORS 65.371).

Limited Liability Companies list the names and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed.

If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

**PRESIDENT OR OWNER(S) (MEMBERS):**

(Names and Addresses)

Alyssa Mahr

260 N 3rd St

Harrisburg, OR 97446

**SECRETARY OR MANAGER(S):**

(Names and Addresses)

Angela Miller

440 S 6th St

Harrisburg, OR 97446

**TREASURER - NONPROFIT ONLY:**

(Name and Address)

Vesta Craiger

155 Fountain St

Harrisburg, OR 97446

**11. EXECUTION:** I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

**SIGNATURE:**

**PRINTED NAME:**

Angela Miller

**TITLE:**

Secretary

**CONTACT NAME:** (To resolve questions with this filing)

Angela Miller

**PHONE NUMBER:** (Include area code)

541-556-6152

**FEES** \* Per database AR 6/25

No Processing Fee

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.

FILED: JUN 25, 2024  
OREGON SECRETARY OF STATE



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HART COMMUNITY CENTER, INC.

AAR