2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# N00000007424

Entity Name: HEALING HEARTS MINISTRY FOR WOMEN, INC.

Current Principal Place of Business:

5745 MAINSTREET #202
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5745 MAINSTREET #202
NEW PORT RICHEY, FL 34652

New Mailing Address:

5745 MAINSTREET
SUITE 202
NEW PORT RICHEY, FL 34652

FEI Number: 59-3686494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LINDA M
5745 MAIN STREET SUITE 202
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SMITH, LINDA M
5745 MAIN STREET
SUITE 202
NEW PORT RICHEY, FL 34652 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: _____ 03/24/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, LINDA M
Address: 7449 CEDAR POINT DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete
Name: NEUHAUSER, PAM G
Address: 6337 PATELL AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete
Name: FRANK, LINDA
Address: 10521 SCENIC DR. #295
City-St-Zip: PORT RICHEY, FL

Title: D ( ) Delete
Name: CORDERO, JANET
Address: 7646 BROOKLINE ST.
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: OLSSON, TINA
Address: 12701 CORNELL COURT
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA M. SMITH PD 03/24/2004
Electronic Signature of Signing Officer or Director — Date