2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90280 020 ****61.25

DOCUMENT # N00000007424

1. Entity Name
HEALING HEARTS MINISTRY FOR WOMEN, INC.

JUU63131

Principal Place of Business	Mailing Address
5745 MAINSTREET #202 NEW PORT RICHEY, FL 34652	5745 MAINSTREET SUITE 202 NEW PORT RICHEY, FL 34652

02282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3686494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LINDA M 5745 MAIN STREET SUITE 202 NEW PORT RICHEY, FL 34652	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda M. Smith Linda M. Smith President 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, LINDA M 7449 CEDAR POINT DR. NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Officer John Stewart 5435 main St. New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEUHAUSER, PAM G 6337 PATELL AVE. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director Chimane Toller 12944 Casa Bianca Ave. New Port Richey, FL 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANK, LINDA 10521 SCENIC DR. #295 PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSSON, TINA 12701 CORNELL COURT HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda M. Smith Linda M. Smith 2/28/05 727-389-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #