

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90777 034 \*\*\*\*61.25

UBR/2003

**DOCUMENT # N01000001516**

1. Entity Name

**SEEKING HEART MINISTRIES, INC.**



Principal Place of Business

Mailing Address

**PO BOX 15322  
TALLAHASSEE FL 32317-5322**

**PO BOX 15322  
TALLAHASSEE FL 32317-5322**

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 **59-3719940**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUTTLE, RON  
10006 JOURNEYS END  
TALLAHASSEE FL 32312**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TUTTLE, RON</b>
STREET ADDRESS	<b>10006 JOURNEYS END</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TUTTLE, TANA</b>
STREET ADDRESS	<b>10006 JOURNEYS END</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JENSEN, SHARON</b>
STREET ADDRESS	<b>2692 SPRING LAKE RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HUTCHINSON, JANET</b>
STREET ADDRESS	<b>1405 DEVONSHIRE CT.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRUCE, JANICE</b>
STREET ADDRESS	<b>3241 BEAUMONT DR.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2003 Winthrop Way</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2003 Winthrop Way</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerment.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 29 03 922-6317*

CR2E037 (10/02)