2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90071 027 ****61.25

94067974

MOORE CR2E037 (11/03)

DOCUMENT # N01000007895

1. Entity Name
HEART OF GOD MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6100-B FAIRFIELD DR PENSACOLA FL 32506	6100-B FAIRFIELD DR PENSACOLA FL 32506
2. Principal Place of Business: 3341 SCHIFKO Rd.	3. Mailing Address: P.O. BOX 915
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT, FL	City & State: CANTONMENT FL
Zip: 32533 Country: ESCAMBIA	Zip: 32533 Country: ESCAMBIA

4. FEI Number 03-0398127 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GANN, RONALD E
6100-B FAIRFIELD DR
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name: RONALD E. GANN
Street Address (P.O. Box Number is Not Acceptable): 3341 SCHIFKO Rd
City: CANTONMENT FL Zip Code: 32533

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: Ronald E. Gann (RONALD E. GANN)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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	D GANN, RONALD 3341 SCHIFKO RD CANTONMENT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, HERMAN 2807 PEA RIDGE RD BRENTON AL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANN, PHYLLIS 3341 SCHIFKO RD CANTONMENT FL	☐ 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
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.

[illegible]