

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003331

FILED
May 06, 2009
Secretary of State

Entity Name: HEARTSPRINGS INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

265 YUMAS DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

124 ISLE OF VENICE
UNIT 2
FT LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 1026
NEW ALBANY, IN 47151

New Mailing Address:

FEI Number: 02-0509479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RALEY, ELDON O
265 YUMAS DRIVE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

WILKINS, LARRY C
124 ISLE OF VENICE
UNIT 2
FT LAUDERDALE, FL 33301 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: LARRY C WILKINS

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: RALEY, ELDON O
Address: 265 YUMAS DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: VD (X) Delete
Name: TAYLOR, TIMOTHY P
Address: 8299 SMALL BLOCK ROAD #214
City-St-Zip: NORTH LAKE, TX 76262

Title: PD () Delete
Name: WILKINS, LARRY C
Address: 2400 EAST LAS OLAS #260
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: ZEIGER, JERRY T
Address: 912 KENIWORTH CIRCLE
City-St-Zip: MARYVILLE, TN 37804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: REAS, MICHAEL L
Address: 2560 CHARLESTOWN ROAD
City-St-Zip: NEW ALBANY, IN 47150

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL L REAS

STD

05/06/2009

Electronic Signature of Signing Officer or Director

Date