2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N03000009444

Entity Name: A MATTER OF HEART MINISTRIES, INC.

Current Principal Place of Business:

10860 NW 18 CT
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

10860 NW 18 CT
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 30-0261648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, GLORIA W
10860 NW 18 CT
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	DIXON, GLORIA W	
Address:	10860 NW 18 CT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	PRES	( ) Delete
Name:	WOMACK, LINDA M	
Address:	2811 SOMERSET DRIVE #212	
City-St-Zip:	LAUDERDALE LAKES, FL 33311	
Title:	S	( ) Delete
Name:	NJIE, CCELIA V	
Address:	4883 NW 5TH CT.	
City-St-Zip:	PLANTATION, FL 33313	
Title:	D	( ) Delete
Name:	KELLY, LYNETTE M	
Address:	5400 SW 25 CT	
City-St-Zip:	W HOLLYWOOD, FL 33032	
Title:	VP	( ) Delete
Name:	HAWKINS, MICHAEL	
Address:	411 SW 14 ST	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	TRES	( ) Delete
Name:	WOMACK, KATHY L	
Address:	1749 NW 36 TERR	
City-St-Zip:	FORT LAUDERDALE, FL 33311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	AUSTIN, TERRANCE J	
Address:	2801 NW 7 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
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: LINDA WOMACK PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date