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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N17966

(5)

## HEARTI AND WORSHIP CENTER, INC.

MEANTEAND WONSING OCHTEN, INC.										
Principal Place of Business		Mailing Address			-	JO 0111 EKUN E				
2874 E IRLO BRONSON KISSIMMEE FL 34744 US		PO BOX 421459 KISSIMMEE FL 34742-1459 US								
						3. Date Incorporated or Qualified 11/25/1986	3a. Da	ate of Last Ro 02/14/19	aport 1 <b>96</b>	
2. Principal Pi	ace of Business	2a. Mailing Address 26	—,			4. FEI Number 59-2720045		<del></del>	plied For t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A		
City & State		City & State				6, Election Campaign Financing Trust Fund Contribution		\$5.00		
<b>23</b> Zip	Country Zip			itry	* :	8. This corporation has liability fo	r intangible			
24		25 29 30 30 30 Name and Address of Current Registered Agent			<del></del>	Florida Statutes  10. Name and Address of New R	Yes	Agent		
	y. Name and Address of Curren	t Madierated Wilatit		B1	Name	IC. Maille and Additable of Man A	ofision.	Maiii		
SMITH, GARY				L		ess (P.O. Box Number is Not Accepte	able)	<del></del>		
	IRLO BRONSON HIGHWAY JEE FL 32742		ļ.	83	···			<del></del>		
i ii oo ii oo			þ	B4 ·	City		FL	85 Zip (	Code	
	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flo	es, the ab- authorized orida Statu	ove-r by ti ites.	named corpo he corporati	oration submits this statement for the on's board of directors. I hereby according to the control of the contro		f changing its pointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered	Agent	signatura require	d when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	PD	☐ DELETE	1.1 7(1)	LE	.			Change	Addition	
NAME	SMITH, GARY		1.2 NA	ME						
STREET ADDRESS	2001 GRANADA BLVD		1.3 STR	EE1 AI	Doress					
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-		ZIP					
TITLE	SD	DELETE	2.1 TITE	.E	-			LI Change	Addition	
NAME	Time to the time t		2.2 NA	2.2 NAME						
STREET ADDRESS	2001 GRANADA BLVD		2.3 STR	2.3 STREET ADDRESS		•				
CITY - ST - ZIP			2. 4 CIT	_	- ZIP			T 1 01	A 4400	
TITLE	D	DELETE 3.1						Change	Addition	
NAME	CHASE, PAUL	A.10 A.11 A	3.2 NA)		ļ					
STREET ADDRESS	92 ANGELES STREET, ALAB	ONG HILLS			DDRESS					
CITY-ST-ZIP	MUNTINLUPA M.		3.4. CI)		-ZIP			1705	Adelton	
TITLE	D	☐ DELETE	4.1 707)					L Change	Addition	
NAME	MILES, HOUSTON		4. 2 NA				•			
STREET ADDRESS	200 EVANGEL ROAD		4.3 STREE		DORESS					
CITY - ST - ZIP	SPARTANBURG SC	I'l ocuste	4.4 CIT		ZIP		<del></del>	Dhara:	A dalata -	
TITLE		DELETE	5.1 TIT					☐ Change	Addition	
NAME			5.2 NA							
STREET ADDRESS					DORESS					
CITY - ST - ZIP			5.4 CIT		ZIP		<del></del>	176	A 1.00	
TITLE		☐ DELETE	6.1 TITI		{			Change	☐ Addition	
NAME			6.2 NA		]					
STREET ADDRESS			6.3 STF	REET A	Didress					

14. I do 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 annual of orthogonal 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 trusted appears in Block 12 or Block 13 if dataged, or on an attachment pure a address.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-97

Devtime Phone # AAAA21

**FILED** 

May 19 1997 8:00am

Secretary of State