

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90013 032 ****61.25

0073328

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17966

1. Corporation Name

HEARTLAND WORSHIP CENTER, INC.

* 4 6 4 8 1 9 *
 464019 - 90013 - 32

Principal Place of Business:

Mailing Address

2874 E IRLO BRONSON
 KISSIMMEE FL 34744
 US

2874 E IRLO BRONSON
 KISSIMMEE FL 34744
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/25/1986

22 City & State

27 City & State

4. FEI Number
 59-2720045

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GARY
 2874 E. IRLO BRONSON HIGHWAY
 KISSIMMEE FL 32742

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SMITH, GARY
 STREET ADDRESS 2001 GRANADA BLVD
 CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME SMITH, JANIS
 STREET ADDRESS 2001 GRANADA BLVD
 CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME CHASE, PAUL
 STREET ADDRESS 92 ANGELES STREET, ALABONG HILLS
 CITY-ST-ZIP MUNTINLUPA M.

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MILES, HOUSTON
 STREET ADDRESS 200 EVANGEL ROAD
 CITY-ST-ZIP SPARTANBURG SC

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

No changes at this time

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/99

(407) 819 9397

CR2E037 (1/198)