


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 017 ****70.00

6 8 600194-90008-17



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004605

1. Corporation Name

HEART OF THE BRIDE MINISTRIES, INC.

Principal Place of Business

497 20TH ST
NICEVILLE FL 32578

Mailing Address

497 20TH ST
NICEVILLE FL 32578

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1698 Glenwood Ct.		26 1698 Glenwood Ct.		08/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR 74-2848196	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Niceville FL.		28 Niceville FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32578		29 32578		30 OKaloosa	
Country		Country		Country	
25 OKaloosa		31		32	
9. Name and Address of Current Registered Agent					
GIBSON, TONY L 497 20TH ST. NICEVILLE FL 32578					
10. Name and Address of New Registered Agent					
81 Name Gibson, Tony L.					
82 Street Address (P.O. Box Number is Not Acceptable)					
83 1698 Glenwood Ct.					
84 City Niceville FL 85 Zip Code 32578					

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, TONY L	1.2 NAME	
STREET ADDRESS	497 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, FAITH L	2.2 NAME	
STREET ADDRESS	497 20TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAKLEY, JOHN W	3.2 NAME	
STREET ADDRESS	5225 S LOOP, STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUBBOCK TX 79424	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, CHERYL	4.2 NAME	
STREET ADDRESS	128 BEVERLY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGE, DAN	5.2 NAME	
STREET ADDRESS	1435 SCENIC DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAHAM TX 76450	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, GREG	6.2 NAME	
STREET ADDRESS	2209 SINCLAIR AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND TX 79705	6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 (850) 678-6062

CR2E037 (5/99)