

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90048 026 \*\*\*\*61.25

**DOCUMENT # N97000004605**

1. Entity Name  
**HEART OF THE BRIDE MINISTRIES, INC.**



Principal Place of Business

**544 WILDFLOWER CT.  
NICEVILLE, FL 32578**

Mailing Address

**P.O. BOX 786  
NICEVILLE, FL 32588**

10011111



**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**74-2848196**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBSON, TONY L  
544 WILDFLOWER CT  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRONSIDE, KEVIN 405 RUCKELL DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, TONY L 544 WILDFLOWER CT. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, FAITH L 544 WILDFLOWER CT. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, CHERYL 1698 GLENWOOD CT. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holcomb, Jeremy 70 Kelly Way Valparaiso FL 32580-1757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Tony L. Gibson* **Tony L. Gibson**

Date

Daytime Phone #

1/26/05

850-678-9006