

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004605

FILED
Feb 19, 2009
Secretary of State

Entity Name: HEART OF THE BRIDE MINISTRIES, INC.

Current Principal Place of Business:

111 BAILEY DRIVE
SUITE 1
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 786
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 74-2848196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, TONY L JR.
544 WILDFLOWER CT
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

GIBSON, TONY L JR.
707 JUNIPER AVENUE
NICEVILLE, FL 32578 US

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: TONY GIBSON

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IRONSIDE, KEVIN
Address: 4909 LAUREL ROAD
City-St-Zip: KNOXVILLE, TN 37918

Title: D () Delete
Name: GIBSON, TONY L
Address: 544 WILDFLOWER CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: GIBSON, FAITH L
Address: 544 WILDFLOWER CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HOLCOMB, JEREMY
Address: 1119 RHONDA DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: LOWMILLER, BRUCE
Address: 104 AUCILLA AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: D () Delete
Name: DAN, SHELTON
Address: 112 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPEEGLE, TROY
Address: 995 SIXTEENTH GREEN
City-St-Zip: NICEVILLE, FL 32578

Title: PRES (X) Change () Addition
Name: GIBSON, TONY L
Address: 707 JUNIPER AVENUE
City-St-Zip: NICEVILLE, FL 32578

Title: SEC (X) Change () Addition
Name: GIBSON, FAITH L
Address: 544 WILDFLOWER CT.
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRSR (X) Change () Addition
Name: LOWMILLER, BRUCE
Address: 104 AUCILLA AVENUE
City-St-Zip: VALPARAISO, FL 32580

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: TONY GIBSON

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date