

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003331

**Entity Name:** HEARTSPRINGS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

2560 CHARLESTOWN RD  
NEW ALBANY, IN 47150

**Current Mailing Address:**

P.O. BOX 1026  
NEW ALBANY, IN 47151

**FEI Number: 02-0509479**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILKINS, LARRY C  
401 E. LAS OLAS BLVD.  
APT. 130-26  
FT LAUDERDALE, FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WILKINS, LARRY C  
Address 401 E. LAS OLAS BLVD., APT. 130-26  
City-State-Zip: FT. LAUDERDALE FL 33301

Title D  
Name HARTLAGE, TIMOTHY L  
Address 3117 BRAZIL LAKE PARKWAY  
City-State-Zip: GEORGTOWN IN 47122

Title D  
Name JONES, STEVEN L  
Address 22384 PAUL DRIVE  
City-State-Zip: BROOKSVILLE FL 34601

Title D  
Name RAGAINS, SEAN  
Address 5220 HIGHWAY 62 NE  
City-State-Zip: CORYDON IN 47112

Title D  
Name RALEY, GEORGIE  
Address 265 YUMAS DRIVE  
City-State-Zip: TITUSVILLE FL 32796

*I hereby 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 all other like empowered.*

**SIGNATURE: LARRY C. WILKINS**

**PRESIDENT**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date