

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009444

**FILED**  
**Mar 11, 2016**  
**Secretary of State**  
**CC3724430547**

**Entity Name:** A MATTER OF HEART MINISTRIES, INC.

**Current Principal Place of Business:**

10860 NW 18 CT  
PLANTATION, FL 33322

**Current Mailing Address:**

10860 NW 18 CT  
PLANTATION, FL 33322

**FEI Number: 30-0261648**

**Certificate of Status Desired: No**

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

DIXON, GLORIA W  
10860 NW 18 CT  
PLANTATION, FL 33322 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	CEO
Name	DIXON, GLORIA W
Address	10860 NW 18 CT
City-State-Zip:	PLANTATION FL 33322
Title	S
Name	AUSTIN, TERRANCE J
Address	2801 NW 7 STREET
City-State-Zip:	FORT LAUDERDALE FL 33311
Title	VP
Name	HAWKINS, MICHAEL
Address	411 SW 14 ST
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	PRES
Name	WOMACK, LINDA M
Address	2811 SOMERSET DRIVE #212
City-State-Zip:	LAUDERDALE LAKES FL 33311
Title	D
Name	KELLY, LYNETTE M
Address	5400 SW 25 CT
City-State-Zip:	W HOLLYWOOD FL 33032
Title	TRES
Name	WOMACK, KATHY L
Address	1749 NW 36 TERR
City-State-Zip:	FORT LAUDERDALE FL 33311

*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: LINDA WOMACK**

**PRES**

**03/11/2016**

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

\_\_\_\_\_  
Date