## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N97000004605

Entity Name: HEART OF THE BRIDE MINISTRIES, INC.

## **Current Principal Place of Business:**

111 BAILEY DR STE 1 NICEVILLE, FL 32578

# **Current Mailing Address:**

P.O. BOX 786 NICEVILLE, FL 32588

# FEI Number: 74-2848196

## Name and Address of Current Registered Agent:

GIBSON, TONY LJR. 1545 TEXAS PARKWAY CRESTVIEW, FL 32536 US

#### Certificate of Status Desired: No

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

#### Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	GIBSON, TONY L	Name	GIBSON, FAITH L
Address	1545 TEXAS PARKWAY	Address	1545 TEXAS PARKWAY
City-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	CRESTVIEW FL 32536
Title	DIRECTOR	Title	SECRETARY
Name	HOWELL, SUSAN	Name	WEST, JAN
Address	2917 SANDPIPER COVE	Address	6410 SEQUOIA DRIVE
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	MIDLAND TX 79707
City-State-Zip.			
Title	CHAIRMAN	Title	DIRECTOR
		Title Name	DIRECTOR CRISMAN, BRIAN
Title	CHAIRMAN		
Title Name	CHAIRMAN CARTER, RYAN	Name	CRISMAN, BRIAN
Title Name Address City-State-Zip:	CHAIRMAN CARTER, RYAN 5637 PROMISED LAND DRIVE BAKER FL 32531	Name Address	CRISMAN, BRIAN 134 TRANQUILITY DRIVE
Title Name Address City-State-Zip: Title	CHAIRMAN CARTER, RYAN 5637 PROMISED LAND DRIVE BAKER FL 32531 DIRECTOR	Name Address City-State-Zip:	CRISMAN, BRIAN 134 TRANQUILITY DRIVE CRESTVIEW FL 32536
Title Name Address City-State-Zip: Title Name	CHAIRMAN CARTER, RYAN 5637 PROMISED LAND DRIVE BAKER FL 32531 DIRECTOR MOORE, BRYCE	Name Address City-State-Zip: Title	CRISMAN, BRIAN 134 TRANQUILITY DRIVE CRESTVIEW FL 32536 TREASURER
Title Name Address City-State-Zip: Title Name Address	CHAIRMAN CARTER, RYAN 5637 PROMISED LAND DRIVE BAKER FL 32531 DIRECTOR	Name Address City-State-Zip: Title Name	CRISMAN, BRIAN 134 TRANQUILITY DRIVE CRESTVIEW FL 32536 TREASURER WOLLARD, MARIBETH

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: TONY L. GIBSON

DIRECTOR

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 02, 2016 Secretary of State CC3372021895

Date