

2017 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIBSON, TONY LJR.
1545 TEXAS PARKWAY
CRESTVIEW, FL 32536 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	DIRECTOR
Name	GIBSON, TONY L
Address	1545 TEXAS PARKWAY
City-State-Zip:	CRESTVIEW FL 32536

Title	DIRECTOR
Name	GIBSON, FAITH L
Address	1545 TEXAS PARKWAY
City-State-Zip:	CRESTVIEW FL 32536

Title	SECRETARY
Name	WEST, JAN
Address	6410 SEQUOIA DRIVE
City-State-Zip:	MIDLAND TX 79707

Title	CHAIRMAN
Name	CARTER, RYAN
Address	5637 PROMISED LAND DRIVE
City-State-Zip:	BAKER FL 32531

Title	DIRECTOR
Name	CRISMAN, BRIAN
Address	134 TRANQUILITY DRIVE
City-State-Zip:	CRESTVIEW FL 32536

Title	DIRECTOR
Name	MOORE, BRYCE
Address	2705 SHEPHERDS GLEN
City-State-Zip:	WICHITA FALLS TX 76308

Title	TREASURER
Name	WOLLARD, MARIBETH
Address	902 TROUT CREEK COVE
City-State-Zip:	NICEVILLE FL 32578

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****02/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date