

2018 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	CHAIRMAN	Title	SECRETARY
Name	GIBSON, TONY L	Name	WEST, JAN
Address	1545 TEXAS PARKWAY	Address	6410 SEQUOIA DRIVE
City-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	MIDLAND TX 79707
Title	DIRECTOR	Title	DIRECTOR
Name	CRISMAN, BRIAN	Name	MOORE, BRYCE
Address	134 TRANQUILITY DRIVE	Address	3020 INDIAN STREET
City-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	VERNON TX 76384
Title	TREASURER	Title	DIRECTOR
Name	WOLLARD, MARIBETH	Name	SWANN, ADAM
Address	902 TROUT CREEK COVE	Address	105 CAROUSEL CORNERS
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	RAINBOW CITY AL 35906

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**CHAIRMAN****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date