

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713043 (8)

1. Corporation Name

HEARTS FOR JESUS, INC.



Principal Place of Business

Mailing Address

10227 BLANCHARD PARK TRAIL 2411
ORLANDO FL 32817
628 W. Palm Valley Dr
Oviedo, FL 32765
PO BOX 677384
ORLANDO FL 32867

3. Date Incorporated or Qualified 07/07/1967
3a. Date of Last Report 03/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-6202118	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APOLZAN, FLORENCE ELLEN
10227 BLANCHARD PARK TRAIL 2411
ORLANDO FL 32817
628 W. Palm Valley Dr
Oviedo, FL 32765

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and that of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	11 TITLE	Change Addition
NAME	APOLZAN, FLORENCE	12 NAME	
STREET ADDRESS	10227 BLANCHARD PARK TRAIL 2411	13 STREET ADDRESS	Apolzan, Florence
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP	628 W Palm Valley Dr.
TITLE	TD	21 TITLE	Change Addition
NAME	APOLZAN, GEORGE	22 NAME	
STREET ADDRESS	1789 EAGLEHELM	23 STREET ADDRESS	
CITY-ST-ZIP	HENDERSON NV	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Change Addition
NAME	PARKER, PAULINE	32 NAME	
STREET ADDRESS	26513 WILLOW PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	CARMEL CA	34 CITY-ST-ZIP	
TITLE		41 TITLE	Change Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)