## FILE NOW: FILING FEE IS \$61.25

## **NONPROFIT** CORPORATION

FLORIDA DEPARTMENT OF STATE

## Sandra B. Martham

l	JAL REPORT Secretary of State  1998 DIVISION OF CORPORATION			rions	Secretary of State	
POCU 1. Corporatio	MENT # 713043	(8)				
HEARTS FOR JESUS, INC.					( 1881) ( 1886) ( 1888) ( 1888) ( 1884) ( 1884) ( 1884) ( 1884) ( 1884) ( 1884) ( 1884) ( 1884)	
Principal Plac	e of Business	Mailing Address			- I JOSENI JEDOLI MODEL TIKIL DOTIN DLOBA VIM BIÐIT DLÓTI ÐYÐI ÐYÐI ÐYÐI ÐYÐI ÐYÐI ÐYÐI ÐYÐI ÐY	
629-141 PO BOX 677384 THAT-9411 ORLANDO FL 32867					3. Date incorporated or Qualified 07/07/1967	
48	•				4. FEI Number Applied For	
2 Principal P	lace of Business	2a. Mailing Address			59-6202118   Not Applicable	
<del>-</del>					5. Certificate of Status Desired Fee Regulred	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
27					Trust Fund Contribution Added to Fees	
City & State	° !r≖Oark, FL	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24 3279			30		Personal Property Tax due June 30. Yes No	
ļ	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Registered Agent	
400, 54	N 51 005NA5 5175N		ľ	Name	·	
APOLZAN, FLORENCE ELLEN  GER MANNAMAN EVERFRA  TRANS ANS A				82 Street Address (P.O. Box Number is Not Acceptable)		
				3818 sutton place blvd		
OVACIO CIU SPRAS				4 65	Int To Code	
nana:	RHHA		\°	4 City	Inter Park FL 32792	
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE .	Signature, typed or printed name of registered agen				re regulated when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITL		President D Change Addition	
MAME	APOLZAN, FLORENCE		1.2 NAM	E	3818 Sutton PL. Blvd.	
STREET ADDRESS	COOM-FRENITMANEMER		1	ET ADDRESS	Winter PArk, FL 32792	
CITY-ST-ZIP	TO TO	DELETE	1.4 CITY 2.1 TITU		Change Addition	
NAME	TD Apolzan.george		2.2 NAM		Vice President	
STREET ADDRESS	1789 EAGLEHELM			ET ADDRESS	\	
CITY-ST-ZIP	HENDERSON NV			- ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		Secretary Treasurer Change Addition	
NAME	RARKORX MANUAL Decea	sed	32 NAM	E	Secretary, Treasurer Suzanne Fiore	
STREET ADDRESS	205 YRUNOXIR			ET ADORESS	* * * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP	MAPHNASOA	☐ DELETE	3.4. CITY 4.1 TITL	-ST-ZIP	Lake Orion, MI 48361	
NAME		- Decrie	4. 2 NAN		El similar	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAM			
STREET ADDRESS				et address		
CITY-\$T-ZIP		☐ DELETE	5.4 CITY		Change Addition	
TITLE NAME			6.1 TITLE 6.2 NAM		Change E Rodition	
STREET ADDRESS				ET ADDRESS		
3						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes, or on an attachment with an address.

**FILED** 

Apr 15 1998 8:00am