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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90005 030 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713043

1. Corporation Name

HEARTS FOR JESUS, INC.

Principal Place of Business

~~3818 SUTTON PL BLVD~~
~~WINTER PARK FL 32792~~
US

Mailing Address

PO BOX 677384
ORLANDO FL 32867



2. Principal Place of Business

21 2782 Chaddsford Cir.

Suite, Apt. #, etc.

22 #100

City & State

23 Oviedo FL

Zip Country

24 32765

25 Seminole

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

07/07/1967

4. FEI Number

59-6202118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

APOLZAN, FLORENCE ELLEN

~~3818 SUTTON PL BLVD~~ 2782 Chaddsford Cir #100
~~WINTER PARK FL 32792~~ Oviedo, FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **APOLZAN, FLORENCE**
STREET ADDRESS **3818 SUTTON PL BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VPD** ☐ DELETE

NAME **APOLZAN, GEORGE**
STREET ADDRESS **1789 EAGLEHELM**
CITY-ST-ZIP **HENDERSON NV**

TITLE **ST** ☐ DELETE

NAME **SUZANNE FIORE**
STREET ADDRESS **3084 VOORHEIS LAKE CT**
CITY-ST-ZIP **LAKE ORION MI 48361**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 (407) 677-1137
Date Daytime Phone #

CR2E037 (11/98)