


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 042 ****61.25

DOCUMENT # 713043 1. Entity Name HEARTS FOR JESUS, INC.					
Principal Place of Business 5643 ELMHURST CIRCLE #111 OVIEDO FL 32765 US				Mailing Address PO BOX 677384 ORLANDO FL 32867	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
APOLZAN, FLORENCE ELLEN 5643 ELMHURST CIRCLE #111 OVIEDO FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APOLZAN, FLORENCE		NAME	Florence Apolzan	
STREET ADDRESS	5643 ELMHURST CIRCLE #111		STREET ADDRESS	718 Leeward Dr.	
CITY - ST - ZIP	OVIEDO FL 32765		CITY - ST - ZIP	Deltona Lakes, FL 32738	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APOLZAN, GEORGE		NAME	Gordon Willitts	
STREET ADDRESS	1789 EAGLEHELM		STREET ADDRESS	7751 N Bayshore Ct. #6A	
CITY - ST - ZIP	HENDERSON NV		CITY - ST - ZIP	Miami, FL 33138	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUZANNE FIORE		NAME	Suzanne Fiore	
STREET ADDRESS	3084 VOORHEIS LAKE CT		STREET ADDRESS	2057 Wildwood Lake St.	
CITY - ST - ZIP	LAKE ORION MI 48361		CITY - ST - ZIP	Henderson, NV 89052	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Florence Ellen Apolzan</i>			<i>Feb 27, 2004 386-844-7809</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



MOORE CR2E037 (11/03)

4. FEI Number **59-6202118** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**