


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 713043</b>		
1. Entity Name <b>HEARTS FOR JESUS, INC.</b>		
Principal Place of Business <b>718 LEEWARD DRIVE DELTONA, FL 32738 US</b>		Mailing Address <b>PO BOX 677384 ORLANDO, FL 32867</b>



03032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6202118</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>APOLZAN, FLORENCE ELLEN 718 LEEWARD DRIVE DELTONA LAKES, FL 32738</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APOLZAN, FLORENCE 718 LEEWARD DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLITTS, GORDON KEITH 7751 NORTH BAYSHORE CT, # 6A MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUZANNE FIORE 2057 WILDWOOD LAKE ST HENDERSON, NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000848225  
03/20/08-80008-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Florence E. Apolzan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_