

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006009

FILED
Mar 22, 2009
Secretary of State

Entity Name: THE LION'S HEART MINISTRIES, INCORPORATED

Current Principal Place of Business:

11983 DAHLIA DR
THORNTON, CO 80241

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7108
NORTH PORT, FL 34290

New Mailing Address:

FEI Number: 84-1510289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSADA, BARBARA
1584 OKETO STREET
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

WILLIAM, CASSADA
1584 OKETO ST
NORTH PORT, FL 34286 US

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.

SIGNATURE: WILLIAM CASSADA

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSC () Delete
Name: CASSADA, WILLIAM E
Address: 1584 OKETO ST
City-St-Zip: NORTH PORT, FL 34286

Title: VTVC (X) Delete
Name: CASSADA, BARBARA
Address: 1584 OKETO ST
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: SANDERS, GEORGE
Address: 465 FRANKLIN DR
City-St-Zip: MAYS LANDING, NJ 08330

Title: D () Delete
Name: SANDERS, BARBARA
Address: 465 FRANKLIN DR
City-St-Zip: MAYS LANDING, NJ 08330

Title: D () Delete
Name: CHARLES, KEITH
Address: 127 LANDIS DR
City-St-Zip: LANCASTER, PA 17602

Title: D () Delete
Name: CHARLES, LAUREN
Address: 127 LANDIS DR
City-St-Zip: LANCASTER, PA 17602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CASSADA

PRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date