

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007376**

1. Entity Name  
**HIS HEART MINISTRIES INTERNATIONAL INC.**



Principal Place of Business  
**25250 HWY 316, LOT 370  
SALT SPRINGS, FL 32134**

Mailing Address  
**PO BOX 5042  
SALT SPRINGS, FL 32134**



01162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1641240**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RIGNEY, JOHN J  
25250 HWY 316, LOT 370  
SALT SPRINGS, FL 32134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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  
**CT  
RIGNEY, JOHN JR  
25250 HWY 316, LOT 370  
SALT SPRINGS, FL 32134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCP  
RIGNEY, DONNA  
25250 HWY 316, LOT 370  
SALT SPRINGS, FL 32134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
BOWEN, JACQUELINE  
409 CHOPMIST HILL ROAD  
CHEPACHET, RI 02814**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CURRY, GLEN  
53 COMMON WEALTH AVE  
PITTSFIELD, MA 01201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HURST, ALBERT  
PO BOX 5368  
SALT SPRINGS, FL 32134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000794545  
01/28/08-80012-008 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John J. Rigney*  
**JOHN J. RIGNEY**  
1/17/2008 352-685-6023