2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N00000004484

Entity Name: TAKE IT TO HEART MINISTRIES, INCORPORATED

Current Principal Place of Business:

2825 PINECREST ST
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P O BOX 1000
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1019302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DITCHFIELD, NATHANAEL
1331 GEORGETOWN CIRCLE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DITCHFIELD, CHRISTIN
Address: 2825 PINECREST ST
City-St-Zip: SARASOTA, FL 34239

Title: VD ( ) Delete
Name: DITCHFIELD, STEPHEN P
Address: 2825 PINECREST ST
City-St-Zip: SARASOTA, FL 34239

Title: VD ( ) Delete
Name: DITCHFIELD, BERNICE C
Address: 2825 PINECREST ST
City-St-Zip: SARASOTA, FL 34239

Title: T ( ) Delete
Name: DITCHFIELD, NATHANAEL
Address: 1331 GEORGETOWN CIRCLE
City-St-Zip: SARASOTA, FL 34232

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIN DITCHFIELD PD 01/17/2006

Electronic Signature of Signing Officer or Director — Date