

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004484

FILED  
Mar 30, 2009  
Secretary of State

**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 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

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date