

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90030 018 \*\*\*\*61.25

DOCUMENT # N00000005054

1. Entity Name  
HIS HEART INTERNATIONAL MINISTRIES, INC.



Principal Place of Business  
4813 LASQUETI WAY  
NAPLES, FL 34119

Mailing Address  
4813 LASQUETI WAY  
NAPLES, FL 34119

40015533



2. Principal Place of Business

15351 BONEFISH TR.  
Suite, Apt. #, etc.

3. Mailing Address

15351 BONEFISH TR.  
Suite, Apt. #, etc.

01162005 Chg-NP CR2E037 (10/03)

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-1038173

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERALTA, JOSUE B  
4813 LASQUETI WAY  
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name PERALTA, JOSUE B.

Street Address (P.O. Box Number is Not Acceptable)  
15351 BONEFISH TRAIL

15351 BONEFISH TR.

City BONITA SPRINGS FL

Zip Code 34135

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.

JOSUE PERALTA.

PRESIDENT

2/18/05

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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERALTA, JOSUE B  
STREET ADDRESS 4813 LASQUETI WAY  
CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete

TITLE VP  
NAME BULNES, TINA  
STREET ADDRESS 1322 FORESTLAKE DRIVE  
CITY-ST-ZIP HINESVILLE, GA 31313 ☐ Delete

TITLE STD  
NAME PERALTA, JUDITH  
STREET ADDRESS 4813 LASQUETI WAY  
CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME PERALTA, JOSUE B.  
STREET ADDRESS 15351 BONEFISH TR.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD ☒ Change ☐ Addition  
NAME PERALTA, JUDITH A.  
STREET ADDRESS 15351 BONEFISH TR.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOSUE B. PERALTA

2/18/05

239-398-0483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone