2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006150

Entity Name: HEART HOUSE MINISTRIES INC

FILED Feb 06, 2006 Secretary of State

Littly Na	IIIE. HLARIT	OOSE MINISTRIES, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	EST HWY 50 NT, FL 34711		12200 HANCOCK ROAD CLERMONT, FL 34711 New Mailing Address:				
Current N	lailing Addres	s:					
PO BOX 1 CLERMON	20486 NT, FL 347120	486					
FEI Number	: 59-3682918	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:		
1639VIRG	9,MARTA M INIA DR NT, FL 34744	US					
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or	both,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGE	ES TO OFFICERS AND DIRE	CTORS	
Title: Name: Address: City-St-Zip:	DP () HARTZOG, C. I P.O. BOX 1204 CLERMONT, FL	86	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DST () HARTZOG, MAI P.O. BOX 1204 CLERMONT, FL	86	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () THOMPSON, LI 10405 THOMPS CLERMONT, FL	SON PL	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () SMITH, GARY 2001 GRANADA KISSIMMEE, FI		Title: Name: Address: City-St-Zip:	D SMITH, GAR 2874 E. IRLO KISSIMMEE	O BRONSON HIGHWAY		
Title: Name:	D () MAHAN, TERRY	Delete	Title: Name:		() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: C. DANIEL HARTZOG DP 02/06/2006

5324 OLD HICKORY LANE

FRUITLAND PARK, FL 34737

Address:

City-St-Zip: