

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008503**

1. Entity Name

PERFECT HEARTS MINISTRY, INC.

Principal Place of Business

**340 OLD HWY 98 NO. 25
DESTIN FL 32579**

Mailing Address

**340 OLD HWY 98 NO. 25
DESTIN FL 32579**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3702098

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEET, H BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D
MYERS, TRINA
348 JUNIPER DR
FREEPORT FL 34239**TITLE ☐ Delete**D
MYERS, JASON
348 JUNIPER DR
FREEPORT FL 34239**TITLE ☐ Delete**D
BAKER, DANNIE R
340 OLD HWY 98 #25
DESTIN FL 32541**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP

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: *Dannie R. Baker**3/14/2001 850-650-8205***FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90191 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)