
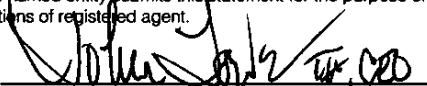



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90002 026 \*\*\*\*61.25

<b>DOCUMENT # N01000002134</b> 1. Entity Name <b>HEARTHSTONE FELLOWSHIP FOUNDATION, INC.</b>					
Principal Place of Business <b>814 N BCH ST DAYTONA BEACH, FL 32114</b>			Mailing Address <b>814 N BCH ST DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business - No P.O. Box # <b>814 N. BEACH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>814 N. BEACH STREET</b> Suite, Apt. #, etc.			
City & State <b>DAYTONA BEACH, FL</b>		City & State <b>DAYTONA BEACH, FL</b>		4. FEI Number <b>59-3710711</b>	
Zip <b>32114</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOWE, JOHN III 814 N BCH ST DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>JOHN LOWE III</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>2/24/07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE, JOHN III		NAME	MORRIS, RALPH SR., LMHC, CAP	
STREET ADDRESS	231 2ND STREET		STREET ADDRESS	814 N. BEACH STREET	
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELESKEY, JAMES F		NAME	DELESKEY, JAMES F.	
STREET ADDRESS	231 2ND STREET		STREET ADDRESS	814 N. BEACH STREET	
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, SUSAN BS CAP		NAME	MICHAEL COLEMAN	
STREET ADDRESS	814 N BCH ST		STREET ADDRESS	814 N. BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, MICHAEL PH.D		NAME		
STREET ADDRESS	231 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, MICHAEL PHD		NAME		
STREET ADDRESS	814 N BCHST		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE III, JOHN CBHT		NAME		
STREET ADDRESS	814 N BCH ST		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>JOHN LOWE III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2/24/07</b> <b>386/238-1348</b> <small>Date Daytime Phone #</small>	