

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90074 044 ****61.25

DOCUMENT # N01000002255

1. Entity Name
HEART CALL MINISTRIES, INC.

Principal Place of Business

Mailing Address

**9507 TRULOCK CT.
 ORLANDO FL 32817**

**9507 TRULOCK CT.
 ORLANDO FL 32817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3711905

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERNBACH, RICHARD
 9507 TRULOCK CT.
 ORLANDO FL 32817**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President, Chairman, Treasurer* ☐ Delete
 NAME *Richard Fernbach*
 STREET ADDRESS *(same as above)*
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *Bill Kenna c/o Faith Harvest Church*
 STREET ADDRESS *1537 Mill Slough Road*
 CITY-ST-ZIP *Kissimmee FL 34744*

TITLE ☐ Delete
 NAME *Secretary Melinda Fernbach*
 STREET ADDRESS *9507 Trulock Ct*
 CITY-ST-ZIP *Orlando FL 32817*

TITLE ☐ Change ☒ Addition
 NAME *Rex Nielander*
 STREET ADDRESS *5871 North Lane*
 CITY-ST-ZIP *Orlando FL 32808*

TITLE ☐ Delete
 NAME *David Hook*
 STREET ADDRESS *1825 Demastus Lane*
 CITY-ST-ZIP *Ocoee FL 34761*

TITLE ☐ Change ☒ Addition
 NAME *George DeTelli's Jr.*
 STREET ADDRESS *3731 Molona Drive*
 CITY-ST-ZIP *Orlando FL 32837*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *Lee Coppock*
 STREET ADDRESS *6917 Rembrandt*
 CITY-ST-ZIP *Orlando FL 32818*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

407 671 5490

Daytime Phone #

CR2E037 (9/01)