2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002255

DETELLIS, GEORGE JR.

3731 MOLONA DRIVE

ORLANDO, FL 32837

Name:

Address:

City-St-Zip:

FILED Apr 06, 2005 Secretary of State

Entity Na	me: HEART	CALL MINISTRI	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
9507 TRUI ORLANDO	LOCK CT. D, FL 32817						
Current Mailing Address:				New Mailing Address:			
9507 TRUI ORLANDO	LOCK CT. D, FL 32817						
FEI Number	: 59-3711905	FEI Number Ap	oplied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
9507 TRUI ORLANDO	D, FL 32817	US	tament for the nu	urnose of changing i	te registers	ed office or registered agent, or both,	
in the State	e of Florida.	Submits tills sta	ternent for the pu	il pose of changing i	is register	ed office of registered agent, or both,	
SIGNATU							
	Electro	nic Signature of	Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCT (FERNBACH, F 9507 TRULOO ORLANDO, FI	CK COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (FERNBACH, N 9507 TRULOG ORLANDO, FI	CK COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (KENNA, BILL 1537 MILL SL KISSIMMEE,			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NIELANDER, 5203 MONTA ORLANDO, FI	GUE PL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D () Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

RANDAZZO, CHRIS

3229 PARKWOOD COURT

KISSIMMEE, FL 34744

04/06/2005 SIGNATURE: RICHARD FERNBACH PCT