


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 036 ****61.25

DOCUMENT # N01000007028 1. Entity Name BURNING HEARTS MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 404 DURRELL CIR. WINTER HAVEN, FL 33884			Mailing Address 404 DURRELL CIR. WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3748699	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, BARRY W 60 2ND ST. SE WINTER HAVEN, FL 33880				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, DAVID S	NAME			
STREET ADDRESS	3387 WOLF SHADOW	STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 38133	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, BARRY A	NAME			
STREET ADDRESS	404 DURRELL CIR.	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, BARRY W	NAME			
STREET ADDRESS	121 GREENFIELD RD.	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIFER, LAMAR C	NAME	D HENDERSON, Terry		
STREET ADDRESS	2142 GREENLEAF BLVD., SE	STREET ADDRESS	125 Homewood Drive		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	Winter Haven, FL 33880		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THORNHILL, CONLEY G JR	NAME	D NICHOLSON, Tonya		
STREET ADDRESS	1147 INTERLOCHEN BLVD.	STREET ADDRESS	449 Durrell Circle		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	Winter Haven, FL 33884		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Barry A. Bennett</u>		Date: <u>1/15/04</u>		Daytime Phone #: <u>863.299.1263</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					