


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3748699	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENNETT, BARRY W 106 AVENUE F SW WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 SMITH, DAVID S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3387 WOLF SHADOW		NAME		
STREET ADDRESS	MEMPHIS, TN 38133		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BENNETT, BARRY A <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	404 DURRELL CIR.		NAME		
STREET ADDRESS	WINTER HAVEN, FL 33884		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BENNETT, BARRY W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	106 AVENUE F SW		NAME		
STREET ADDRESS	WINTER HAVEN, FL 33880		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HENDERSON, TERRY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	125 HOMEWOOD DRIVE		NAME		
STREET ADDRESS	WINTER HAVEN, FL 33880		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D NOCHOLSON, TONYA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	449 DURRELL CIRCLE		NAME		
STREET ADDRESS	WINTER HAVEN, FL 33884		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
SIGNATURE: <i>Barry A. Bennett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/06 863-286-2310 Date Daytime Phone #		