

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002741

1. Entity Name
BRIDGES OF LOVE MINISTRIES, INC.



Principal Place of Business
7205 REGENT DR.
LAKELAND, FL 33810

Mailing Address
7205 REGENT DR.
LAKELAND, FL 33810

FILED
04 JAN -8 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0566212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEASTON, WILLIAM F
7205 REGENT DR.
LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEASTON, WILLIAM F
STREET ADDRESS 7205 REGENT DR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D
NAME HEASTON, VELDA F
STREET ADDRESS 7205 REGENT DR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D
NAME ROBERTS, GLENDA C
STREET ADDRESS 802 N. MOBLEY ST.
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400026884514
01/13/04--01090--006 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Document Number

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Business Entity Name

BRIDGES OF LOVE MINISTRIES, INC.

FEI Number

820566212

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

7205 REGENT DR.

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33810

Mailing Address

Address

7205 REGENT DR.

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33810

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HEASTON

WILLIAM

F

-or- RA Business Name

Address

7205 REGENT DR.

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code & Country

33810

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

BRIDGES OF LOVE MINISTRIES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

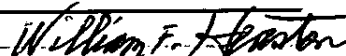
An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

Officer/Director Signature

William F. Heaston

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