

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Pg 1

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

DOCUMENT # N02000002741 1. Entity Name BRIDGES OF LOVE MINISTRIES, INC.	
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Principal Place of Business 7205 REGENT DR. LAKELAND, FL 33810	Mailing Address 7205 REGENT DR. LAKELAND, FL 33810
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 82-0566212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D HEASTON, WILLIAM F 7205 REGENT DR. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEASTON, VELDA F 7205 REGENT DR. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GLENDA C 802 N. MOBLEY ST. 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: See attached _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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Document Number

N02000002741

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

William F. Heaston



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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

Officer/Director Signature *William F. Heaston*

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