2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003331

FILED Sep 05, 2007 Secretary of State

Entity Name: HEARTSPRINGS INTERNATIONAL MINISTRIES, INC.

Current P	Principal Place of Business:	New Principal Place of Business:	
	AS DRIVE LE, FL 32796		
Current N	failing Address:	New Mailing Address:	
P.O. BOX NEW ALB	1026 BANY, IN 47151		
	r: 02-0509479 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status Des	esired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agen	nt:
TITUSVILI	LDON O AS DRIVE LE, FL 32796 US		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered age	ent, or both,
n the Stat	e of Florida.	purpose of changing its registered office or registered age	ent, or both,
	e of Florida.		ent, or both,
n the Stat SIGNATU	e of Florida. ** RE:		
n the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registered A	gent Date	
n the Stat SIGNATU DFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: STD () Delete RALEY, ELDON O 265 YUMAS DRIVE	gent Date ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address:	
n the Stat BIGNATU DFFICER Title: Islame: Address: City-St-Zip: Title: Islame: Address:	RE: Electronic Signature of Registered A S AND DIRECTORS: STD () Delete RALEY, ELDON O 265 YUMAS DRIVE TITUSVILLE, FL 32796 VD () Delete TAYLOR, TIMOTHY P 8299 SMALL BLOCK ROAD #214	gent Date ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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

SIGNATURE: LARRY C WILKINS PD 09/05/2007