

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N02000003331

1. Entity Name
HEARTSPRINGS INTERNATIONAL MINISTRIES, INC.



Principal Place of Business
**265 YUMAS DRIVE
TITUSVILLE, FL 32796**

Mailing Address
**P.O. BOX 1026
NEW ALBANY, IN 47151**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 02-0509479 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RALEY, ELDON O
265 YUMAS DRIVE
TITUSVILLE, FL 32796**

**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 reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | STD RALEY, ELDON O 265 YUMAS DRIVE TITUSVILLE, FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TAYLOR, TIMOTHY P 8299 SMALL BLOCK ROAD #214 NORTH LAKE, TX 76262 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILKINS, LARRY C 2400 EAST LAS OLAS #260 FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZEIGER, JERRY T 912 KENIWORTH CIRCLE MARYVILLE, TN 37804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000845482
03/13/08-80040-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Larry C Wilkins **LARRY C WILKINS President 2/29/2008 812-9480011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #