

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State



DOCUMENT # N02000005412

1. Entity Name
 HEART OF WORSHIP CHURCH, INC.

Principal Place of Business
 13831 U.S. HWY 98-BY-PASS
 DADE CITY, FL 33525

Mailing Address
 32337 LAUREL CT.
 SAN ANTONIO, FL 33576



03052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 45-0483950 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DISANO, MICHELLE L
 9926 WALLASTON DR
 DADE CITY, FL 33525

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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

000000082558
 03/09/04-80037-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DISANO, ANTHONY JR.
STREET ADDRESS	32337 LAUREL COURT
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	T
NAME	DISANO, MICHELLE JR.
STREET ADDRESS	32337 LAUREL CT.
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	VP
NAME	KIGHT, JAMES JR
STREET ADDRESS	37914 BETH ST.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S
NAME	DISANO, RACHEL
STREET ADDRESS	32337 LAUREL CT.
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 files empowered.

SIGNATURE: *Michelle Disano* Michelle Disano 3/5/04 352-588-4812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone