


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005412</b> 1. Entity Name <b>HEART OF WORSHIP CHURCH, INC.</b>	
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Principal Place of Business <b>13831 U.S. HWY 98-BY-PASS DADE CITY FL 33525</b>	Mailing Address <b>32337 LAUREL CT. SAN ANTONIO FL 33576</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>45-0483950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	Delete
P	DISANO, ANTHONY JR. 32337 LAUREL COURT SAN ANTONIO FL 33576	<input type="checkbox"/>
T	DISANO, MICHELLE JR. 32337 LAUREL CT. SAN ANTONIO FL 33576	<input type="checkbox"/>
VP	KIGHT, JAMES JR 37914 BETH ST. DADE CITY FL 33525	<input type="checkbox"/>
S	DISANO, RACHEL 32337 LAUREL CT. SAN ANTONIO FL 33576	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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:** Michelle Disano 2/13/05 352-588-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #